State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 SEP 15 PM 2:54

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Limited Liability Company
001716923	**Joseph Bradford & SONS, LLC**

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address			
2 Rowland Street			
City/Town: Pawtucket	State: **RHODE ISLAND**	Zip: 02860	

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Everett Pope

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
367A Fountain Street		
City/Town: Pawtucket	State: **RHODE ISLAND**	Zip: 02860

6. The name of the **NEW** resident agent is:

Essential Signing Agent Services, LLC

7. Date when this Statement of Change of Resident Agent will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.

Name of Authorized Person of the Limited Liability Company	Date
Everett Pope	08/26/2021

Signature of Authorized Person of the Limited Liability Company

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 2:54 STAMP
SEP 15 2021 OR SECRETARY OF STATE
BY: QBX4HV1

FORM 642 - Revised: 08/2020