



State of Rhode Island
Department of State - Business Services Division

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 RI DEPT OF STATE
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 2021 OCT 21 PM 12:25

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ **LLC**

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL ~~7-1.2-502~~ ⁷⁻¹⁶ or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 001710861	2. Exact Name of the Corporation TURTLE ISLAND WAMPUM, LLC
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 160 WILLARD AVENUE 222 Jefferson Blvd	
City/Town WAKEFIELD Warwick	State RHODE ISLAND Zip 02879 02888
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: UNITED STATES CORPORATION AGENTS, INC.	
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 159 WILLARD AVENUE	
City/Town WAKEFIELD	State RHODE ISLAND Zip 02879
6. The name of the NEW registered agent is: KAYLA CARTER	
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>	
Name of Authorized Officer of the Corporation KAYLA CARTER	Date 10/14/21
Signature of Authorized Officer of the Corporation 	

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

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 BY *CA* **ZXYST**
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