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 RI DEPT OF STATE  
 BUS SVCS DIV  
 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~~ <sup>7-16</sup> 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 <b>001710861</b>		2. Exact Name of the Corporation <b>TURTLE ISLAND WAMPUM, LLC</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <del>160 WILLARD AVENUE</del> <i>222 Jefferson Blvd</i>			
City/Town <del>WAKEFIELD</del> <i>Warwick</i>		State <b>RHODE ISLAND</b>	Zip <del>02879</del> <i>02888</i>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: UNITED STATES CORPORATION AGENTS, INC.			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 159 WILLARD AVENUE			
City/Town WAKEFIELD		State <b>RHODE ISLAND</b>	Zip 02879
6. The name of the <b>NEW</b> registered agent is: KAYLA CARTER			
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 <i>Kayla M Carter</i>			

**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**  
 OCT 21 2021  
 BY *CA* *ZXYST*  
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