

State of Rhode Island

Department of State - Business Services Division

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Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL or 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<br>001666023  |                       | 2. Exact Name of the Corporation<br>LPB ENTERPRISES, INC. |                   |
| 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 207 QUAKER LANE #203   |                       |   |                   |
| City/Town<br>WEST WARWICK   | State<br>RHODE ISLAND | Zip<br>02893  |                   |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>WILLIAM BAXTER   |                       |   |                   |
| 5. The address of the <b>NEW</b> registered office is:  |                       |   |                   |
| Street Address (NOT a P.O. Box) 780 VICTORY HIGHWAY, UNIT 10  |                       |   |                   |
| City/Town<br>WEST GREENWICH   | State<br>RHODE ISLAND | Zip<br>02817  |                   |
| 6. The name of the <b>NEW</b> registered agent is:<br>LARRY BUONFIGLIO  |                       |   |                   |
| 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) _____   |                       |   |                   |
| 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. |                       |   |                   |
| Name of Authorized Officer of the Corporation<br>LARRY BUONFIGLIO   |                       |   | Date<br>12-1-2021 |
| Signature of Authorized Officer of the Corporation<br>   |                       |   |                   |

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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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