

**Statement of Change of Office**

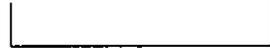
DOMESTIC or FOREIGN Limited Liability Company

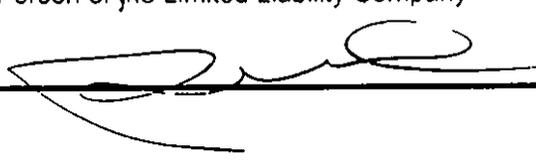
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 RI DEPT. OF STATE  
 BUS SVCS DIV

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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 office **ONLY** in the State of Rhode



1. Entity ID Number 000542641		2. Exact Name of the Limited Liability Company HAPPY FOOD PRODUCTION, LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 144 MEDWAY STREET			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02906	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 10 WEYBOSSET STREET, SUITE 800			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
5. Date when this Statement of Change of Resident Office 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 90 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company <i>Robert Yaffee</i>			Date 1/23/23
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**

JAN 24 2023

BY ML  
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