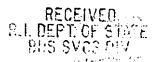
RI SOS Filing Number: 202328429370 Date: 2/15/2023 11:00:00 AM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



2023 FEB 15 A 10: 59

Entity ID Number	pose of changing its resident agent in the State of Rhode Island: 2. Exact Name of the Limited Liability Company		
000906410	BEAVERTAIL FAMILY HOLDINGS, LLC		
3. The address of the reside	ent office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 333 BEAVE	ERTAIL ROAD		
City/Town JAMESTOWN		State RHODE ISLAND	^{Zip} 02835
4. The name of the residen	agent as PRESENTLY shown in	n the records on file with the R	Department of State:
JANE MARVEL GARN	ETT		
5. The address of the NEW	resident office is:		
Street Address (NOT a P.O. B	^{ox)} 57 NARRAGANSETT A	VENUE	
City/Town JAMESTOWN		State RHODE ISLAND	^{Zip} 02835
6. The name of the NEW re	esident agent is:		
DEBORAH A. FOPPE	RT		
7. Date when this Stateme	nt of Change of Resident Agent v	will be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon			
Later effective date (E	ate must be no more than 90 da	ys from the date of filing)	
Under penalty of perjury, I	declare and affirm that I have ex and that all statements containe	amined this Statement of Char d herein are true and correct.	ge of Resident Agent by the
Limited Liability Company,	Name of Authorized Person of the Limited Liability Company		Date
	n of the Limited Liability Compar		
			2/1/2023
Name of Authorized Perso JANE MARVEL GARN		pany	2/14/2023

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

FFR 1 5 2023

BY ML