



State of Rhode Island
Department of State - Business Services Division

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2023 FEB 15 PM 1:34

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ LLC

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL ~~7-42-582~~ or ~~7-42-109~~ 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 001337802		2. Exact Name of the Corporation <u>LLC</u> JAB DISTRIBUTION LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 29 SCOTT DRIVE			
City/Town RIVERSIDE		State RHODE ISLAND	Zip 02915
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: CORPORATION SERVICE COMPANY			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 29 SCOTT DRIVE			
City/Town RIVERSIDE		State RHODE ISLAND	Zip 02915
6. The name of the NEW registered agent is: JASON BOTELHO			
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 <u>LLC</u> JASON BOTELHO			Date 2/9/23
Signature of Authorized Officer of the Corporation <u>LLC</u> 			

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 J2JAK

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