



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

2023 FEB 24 PM 2:06

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number 001657993	2. Exact Name of the Limited Liability Company Lincourt Distribution, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 40 Westminster Street, 9th Floor		
City/Town Providence	State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Kerin L. Browning		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 40 Westminster Street, 9th Floor		
City/Town Providence	State RHODE ISLAND	Zip 02903
6. The name of the NEW resident agent is: Tom Moses		
7. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____		
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.		
Name of Authorized Person of the Limited Liability Company Derek Lincourt		Date 2/21/23
Signature of Authorized Person of the Limited Liability Company <i>Derek Lincourt</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

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BY **24AJD**