



State of Rhode Island  
**Department of State - Business Services Division**

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 RI DEPT OF STATE  
 BUS SVCS DIV  
 2023 MAR 10 A 10:11

**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Limited Liability Company

→ 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 1753142		2. Exact Name of the Limited Liability Company KEPAT AGRO AND PERSONAL HOLDING, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 Jefferson Blvd. Suite 200			
City/Town Warwick		State RHODE ISLAND	Zip 02884
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: United States Corporation agents inc.			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 142 Broadway apt # 1			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
6. The name of the NEW resident agent is: PATRICK W. MARSH			
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 PATRICK W. MARSH			Date 3/10/23
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  
 MAR 10 2023  
 10:11 BY ML VNAZN