



State of Rhode Island

## Department of State - Business Services Division

## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE  
BUS SVCS DIV.

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Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 000943911		2. Exact Name of the Corporation THE KINDERWAGON COMPANY	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address 25 MILL ST.			
City/Town NEWPORT		State RHODE ISLAND	Zip 02840
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: JUSTIN L. SHULL			
5. The address of the <b>NEW</b> registered office is: Street Address (NOT a P.O. Box) 78 WHITTIER RD			
City/Town JAMESTOWN		State RHODE ISLAND	Zip 02835
6. The name of the <b>NEW</b> registered agent is: JENNIFER SHULL			
7. Date when this Statement of Change of Registered Agent 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 30 days from the date of filing) _____			
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.			
Name of Authorized Officer of the Corporation JENNIFER SHULL			Date 3/21/23
Signature of Authorized Officer of the Corporation 			

## 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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