



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR 18 PM 2:32

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 1700793		2. Exact Name of the Limited Liability Company Sherman's Give-A-Hoot, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 289 Buxton Street 25 Danielson Pike			
City/Town North Smithfield SCITUADE		State RHODE ISLAND	Zip 02896 02857
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Sarah F. Malley			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 289 BUXTON ST.			
City/Town N. SMITHFIELD		State RHODE ISLAND	Zip 02896
6. The name of the NEW resident agent is: KAREN L. SHERMAN			
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 Karen Sherman			Date 4/18/23
Signature of Authorized Person of the Limited Liability Company X			

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

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BY 31130
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