

NO FEE - Middle Name Update ONLY



State of Rhode Island  
Department of State - Business Services Division

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2023 NOV -7 P 4:30

**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 001666633		2. Exact Name of the Limited Liability Company SUNFLOWER DESIGNS, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 7 BARBARA DRIVE			
City/Town BRISTOL	State RHODE ISLAND	Zip 02809	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: BROOKE MERRIAM			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 7 Barbara Drive			
City/Town Bristol	State RHODE ISLAND	Zip 02809	
6. The name of the NEW resident agent is: BROOKE MCDONALD MERRIAM			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company BROOKE MCDONALD MERRIAM		Date 11/07/2023	
Signature of Authorized Person of the Limited Liability Company <i>Brooke M</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

FILED  
NOV 07 2023  
BY LKS 4:30pm



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

November 07, 2023 04:30 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

