



State of Rhode Island
Department of State - Business Services Division

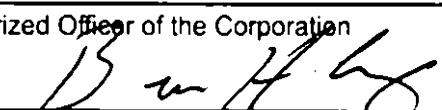
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Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 160204 | 2. Exact Name of the Corporation Fur Kidz, Ltd. | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | |
| Street Address 132 Old River Road, Suite 205 | | |
| City/Town Lincoln | State RHODE ISLAND | Zip 02865 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Susan Gershkoff | | |
| 5. The address of the NEW registered office is: | | |
| Street Address (NOT a P.O. Box) 1481 Wampanoag Trail | | |
| City/Town East Providence | State RHODE ISLAND | Zip 02915 |
| 6. The name of the NEW registered agent is: Bruce H. Cox | | |
| 7. Date when this Statement of Change of Registered 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 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 Bruce H. Cox, Esq. | | Date 01/02/24 |
| 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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| FILED | 2:24 |
| JAN 02 2024 | |
| BY <u>X89C4</u> | PS |