



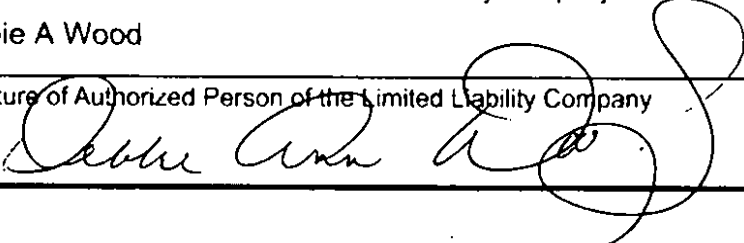
State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JAN 29 PM 4:24:00

Statement of Change of Office
DOMESTIC or FOREIGN Limited Liability Company

→ _____

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 001735207		2. Exact Name of the Limited Liability Company We Be Jammin' LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 3630 West Shore Road			
City/Town Warwick		State RHODE ISLAND	Zip 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Debbie Ann Wood			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 21 Hunters Knoll			
City/Town Smithfield		State RHODE ISLAND	Zip 02917
6. The name of the _____ resident agent is: Debbie Ann Wood			
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 Debbie A Wood			Date 1/22/2024
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

JAN 29 2024

BY 

4:24