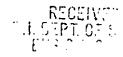
RI SOS Filing Number: 202446657110 Date: 2/16/2024 1:04:00 PM



## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



2024 FE8 16 P 1: 04

Pursuant to the provisions of R following statement for the pur	· · · · · · · · · · · · · · · · · · ·	<del></del>	ind:
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000508822	0508822 PEPPERONIS OF WARREN LLC		
3. The address of the resident	office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 485 METACO	OM AVENUE		
City/Town WARREN		State RHODE ISLAND	<sup>Zip</sup> 02885
4. The name of the resident a	gent as PRESENTLY shown in	the records on file with the R	Department of State:
MICHELLE FERREIRA			
5. The address of the <b>NEW</b> re	sident office is:		
Street Address ( <u>NQT</u> a P.O. Box)	650 GEORGE WASHING	GTON HWY., STE 200	
City/Town LINCOLN		RHODE ISLAND	<sup>Zip</sup> 02865
6. The name of the <b>NEW</b> resid	lent agent is:		
JOSEPH RAHEB, ESQ.			
7. Date when this Statement of	of Change of Resident Agent w	rill be effective: CHECK ONE E	BOX ONLY
7. Date when this Statement of Date received (Upon film	<del></del>	ill be effective: CHECK ONE I	BOX ONLY
✓ Date received (Upon filin	<del></del>		BOX ONLY
✓ Date received (Upon filin	g) must be no more than 90 day lare and affirm that I have exa	rs from the date of filing)	
Date received (Upon filin Later effective date (Date Under penalty of perjury, I dec	g) must be no more than 90 day lare and affirm that I have exa d that all statements contained	rs from the date of filing) mined this Statement of Cirar herein are true and correct.	
Date received (Upon filin Later effective date (Date Under penalty of perjury, I ded Limited Liability Company, and	g) emust be no more than 90 day lare and affirm that I have exa d that all statements contained the Limited Liability Company	rs from the date of filing) mined this Statement of Cirar herein are true and correct.	ye tif Kesideni Ayeni by the
Date received (Upon filin Later effective date (Date Under penalty of perjury, I dec Limited Liability Company, and Name of Authorized Person of	g) must be no more than 90 day lare and affirm that I have exa that all statements contained the Limited Liability Company	rs from the date of filing) mined this Statement of Cirary herein are true and correct.	ge of Resident Agent by the

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
FEB 16 2024
BY 15 MS2

FORM 642 - Revised: 12/2021