



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 APR 12 PM 11:53:05

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 001715709 | | 2. Exact Name of the Limited Liability Company NIBBLER ON THE ROOF LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 648 SNAKE HILL ROAD | | | |
| City/Town NORTH SCITUATE | | State RHODE ISLAND | Zip 02857 |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: DEENA MONTANEZ | | | |
| 5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 384 RIVER AVE. | | | |
| City/Town PROVIDENCE | | State RHODE ISLAND | Zip 02908 |
| 6. The name of the NEW resident agent is: DEENA GUTTIN | | | |
| 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 DEENA GUTTIN | | | Date 04/01/2024 |
| 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.n.gov

MB FILED 1153
APR 12 2024
BY MGJGA