



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN **LLC**

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned **LLC** submits following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 001716771	2. Exact Name of the LLC FairyTails Farm, LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip 02888
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Registered Agent Solutions, Inc.		
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 25 Danielson Pike		
City/Town North Scituate	State RHODE ISLAND	Zip 02857
6. The name of the NEW registered agent is: Nicholas Gorham, Esquire		
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 LLC and that all statements contained herein are true and correct.		
Name of Authorized Person of the LLC Benjamin Leader		Date X 4/4/2024
Signature of Authorized person of the LLC X [Signature]		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

