



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 MAY 1 PM 2:10:52

## 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<br><b>001771622</b>   | 2. Exact Name of the Limited Liability Company<br><b>American Soul Food LLC</b> |                          |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |   |                          |
| Street Address <b>327 Prospect Street Apt 5</b>   |   |                          |
| City/Town<br><b>Pawtucket</b>   | State<br><b>RHODE ISLAND</b>  | Zip<br><b>02861</b>      |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>NONE Gary Dantzler</b>  |   |                          |
| 5. The address of the <b>NEW</b> resident office is:  |   |                          |
| Street Address ( <u>NOT</u> a P.O. Box) <b>70 Somerset Ave</b>  |   |                          |
| City/Town<br><b>Riverside</b>   | State<br><b>RHODE ISLAND</b>  | Zip<br><b>02915</b>      |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>Annette Richardson (RFC)</b>   |   |                          |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>  |   |                          |
| <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<br><b>Gary Dantzler</b>  |   | Date<br><b>4/26/2024</b> |
| Signature of Authorized Person of the Limited Liability Company<br><i>Gary Dantzler</i>   |   |                          |

### MAIL TO:

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

**FILED**

MAY 01 2024

BY **R9RDQ**

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