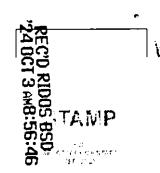


## Statement of Change of Agent DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



| Pursuant to the provisions of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island: |                                  |                    |           |
|---|----------------------------------|--------------------|-----------|
| 1. Entity ID Number   | 2. Exact Name of the Corporation |                    |           |
| 001751361   | Koi House Cafe & Bay Inc         |                    |           |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:  |                                  |                    |           |
| Street Address 222 Jeffenson Blud Suito 200   |                                  |                    |           |
| City/Towni Darwick  |                                  | State RHODE ISLAND | 02888     |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |                                  |                    |           |
| United States Corporation Agents, Inc   |                                  |                    |           |
| 5. The address of the <b>NEW</b> registered office <sup>1</sup> is:   |                                  |                    |           |
| Street Address (NOT a P.O. Box)  202 Lewis Street   |                                  |                    |           |
| City/Town N - Prov  |                                  | State RHODE ISLAND | Zip 02904 |
| 6. The name of the NEW registered agent is:   |                                  |                    |           |
| Danni Chin  |                                  |                    |           |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY   |                                  |                    |           |
| Date received (Upon filing)   |                                  |                    |           |
| 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 Corporation, and that all statements contained herein are true and correct.                 |                                  |                    |           |
| Name of Authorized Officer of the Corporation Date  |                                  |                    |           |
| Danni Chin 19/3   |                                  |                    |           |
| Signature of Authorized Officer of the Corporation  |                                  |                    |           |
| awi   |                                  |                    |           |

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