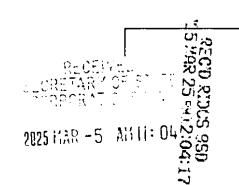


Statement of Change of Registered AgentDOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: Succe NO Fee



Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</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 | | |
|---|----------------------------------|--------------------|----------------------|
| 001710451 | Fresh Harvest Kitchen | | |
| | | | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address PO Box 1636 | | | |
| City/Town Kingston | | State RHODE ISLAND | ^{Zip} 02881 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Gina T. Fuller | | | |
| 5. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) 9 East Ave Unit F | | | |
| City/Town Westerly | | State RHODE ISLAND | ^{Zip} 02891 |
| 6. The name of the NEW registered agent is: | | | |
| GinaT. Fuller | | | |
| 7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical. | | | |
| 8. The change was authorized by a resolution duly adopted by its board of directors. | | | |
| 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 President/Vice President of the Corporation | | | Date |
| Cassius Spears Sr. | | | 03/01/2025 |
| Signature of President/Vice President of the Corporation | | | |
| Cassiss Sears & | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

MAR 2 5 2025

Revised: 01/2024