



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS ASD
25 MAR 31 PM 1:14:01

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FOR SECRETARY OF STATE
USE ONLY

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 001766598	2. Exact Name of the Limited Liability Company Pura Vida Fisheries LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 66 GIRARD AVENUE, UNIT 204		
City/Town NEWPORT	State RHODE ISLAND	Zip 02840
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: ANDREW WALSH		
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 700 Narragansett Park Dr. STE 100		
City/Town Pawtucket	State RHODE ISLAND	Zip 02861
6. The name of the NEW resident agent is: Registered Agents inc.		
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) _____		
<i>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.</i>		
Name of Authorized Person of the Limited Liability Company Andrew Walsh	Date 3/31/2025	
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.ri.gov

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BY **ZS LAP**
SECRETARY OF STATE
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