	State of Rhc	de Island	Fee: \$20.00
Of Charles Of	fice of the Sec	retary of State	
	Division Of Busi		
148 W. River Street Providence RI 02904-2615			
1636	(401) 222		
Limited Liability Company			
Statement of Change of Resident Agent			
(Section 7-16-11 of the General Laws of Rhode Island, 1956, as amended) SECTION I			
The name of the limited liability company is			
Magic Tree Vermicast LLC			
SECTION II			
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:			
<u>1384 KINGSTOWN ROAD WAKEFIELD , RI 02879</u>			
The name of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:			
LEAH GILLEN			
SECTION III			
The NEW address of the resident agent is:			
No. and Street: 71 BENE	DICT RD		
City or Town: WARWIC		State: RI	Zip: <u>02888</u>
The name of the NEW resident agen	t is:	<u>LEAH GILLEN</u>	
SECTION IV			
The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.			
Signed this 8 Day of January, 2024 at 4:04:34 PM. This electronic signature of the individual or			
individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory,			
under penalties of perjury, that this instrument is that individual's act and deed or the act and deed			
of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.			
Magic Tree Vermicast LLC			
Print Name of Limited Liability Company			

## <u>CUSHMAN GILLEN</u> Signature of Authorized Person

Form No. 642 Revised 09/07

 $\ensuremath{\mathbb{C}}$  2007 - 2024 State of Rhode Island All Rights Reserved