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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 001677217		2. Exact Name of the Limited Liability Company Oushon LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 111 Green Street A			
City/Town Providence		State RHODE ISLAND	Zip 02902
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Mr. Joseph Recuperero - 362 Broadway Prov. RI 02909			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 155 South main street suite 302			
City/Town Providence		State RHODE ISLAND	Zip 02903
6. The name of the NEW resident agent is: J. Ryan McNellis			
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) _____			
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 Shanaz Bina			Date Oct 12 2020
Signature of Authorized Person of the Limited Liability Company 			

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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