State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV

2021 MAR 16 P 3:27

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	2. Exact Name of the Limited Liability Company
001719260	Falcon Trucking LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address			
116 Scranton Ave			
City/Town: Warwick	State: **RHODE ISLAND**	Zip: 02888	

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Tatyana Malyuta

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
116 Scranton Ave		
City/Town: Warwick	State: **RHODE ISLAND**	Zip: 02888

6. The name of the **NEW** resident agent is:

Sergey Malyuta

7. Date when this Statement of Change of Resident Agent will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)

☐ 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	Date
Sergey Malyuta	03/16/2021

Signature of Authorized Person of the Limited Liability Company

S Malyuta

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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MAR 16 2021
BY 6M622
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FORM 642 - Revised: 08/2020