



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 2021 MAY - 4 3 PM 3:18

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 001672536	2. Exact Name of the Limited Liability Company Silky Pro Maids, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 15 Sprague st 3970 Post Road			
City/Town Greenville Warwick	State RHODE ISLAND	Zip 02884 02828	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: LEGAL Corp. Solutions US Solutions Adaptive 401-291-5265 5-2655 Warwick RI			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 15 Sprague st			
City/Town Greenville	State RHODE ISLAND	Zip 02828	
6. The name of the NEW resident agent is: SHilkys Valentine			
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 SHilkys Valentine		Date 4/21/21	
Signature of Authorized Person of the Limited Liability Company <i>shilkysvalate</i>			

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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