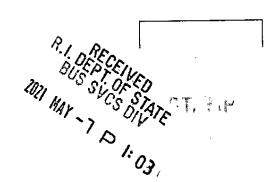
RI SOS Filing Number: 202196333490 Date: 5/7/2021 1:03:00 PM



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: 2. Exact Name of the Limited Liability Company 1. Entity ID Number PMX Agency, LLC 001665824 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 JEFFERSON BOULEVARD, SUITE 200 City/Town WARWICK State **RHODE ISLAND** 02888 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: CORPORATION SERVICE COMPANY 5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A Zip 02914 City/Town East Providence RHODE ISLAND 6. The name of the NEW resident agent is: C T Corporation System 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY X 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. Date Name of Authorized Person of the Limited Liability Company 5/5/2021 Cristie Myers 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 MAY 072021 BY CUT/2JW 1:03

FORM 642 - Revised: 08/2020