



State of Rhode Island
Department of State - Business Services Division



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUN -3 P 12:57

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 1715865		2. Exact Name of the Limited Liability Company VERTICAL LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 870 MAIN STREET, 3R,			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02860
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: RICARDINO EVORA			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 94 CLEVELAND STREET			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02860
6. The name of the NEW resident agent is: LUIS H. FLOREZ			
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 RICARDINO EVORA			Date 06/03/2021
Signature of Authorized Person of the Limited Liability Company <i>Ricardo Evora</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

FILED

JUN 03 2021

BY *YINIA*

A.A. 12:57 PM
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