



Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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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 001708165 | | 2. Exact Name of the Limited Liability Company ASSURANCE IQ, LLC | |
| 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 | Zip 002888 | |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: PARACORP INCORPORATED | | | |
| 5. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A | | | |
| City/Town East Providence | State RHODE ISLAND | Zip 02914 | |
| 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 | | | |
| <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) _____ | | | |
| <i>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.</i> | | | |
| Name of Authorized Person of the Limited Liability Company Maggie Palen | | Date 7/7/2021 | |
| Signature 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

**FILED
 STAMP**
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