

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1,2-502 or 7-1.2-1409 the undersigned corporation submits the

ollowing statement for the	purpose of changing its registered	agent in the State of Rhode I	sland:	
Entity ID Number	2. Exact Name of the Corporation			
001690514	SWYVZ, LLC	SWYVZ, LLC		
3. The address of the reg	istered office as PRESENTLY show	wn in the records on file with t	ne RI Department of State:	
Street Address 627 Putnam	ı Pike			
City/Town Greenville		State RHODE ISLAND	Zip 02828	
4. The name of the regist	tered agent as PRESENTLY shows	n in the records on file with the	RI Department of State:	
William L. Bernstein, F.sq.				
5. The address of the NE	W registered office is:			
Street Address (NOT a P.O.	Box) 627 Putnam Pike			
City/Town Greenville		State RHODE ISLAND	Zip 02828	
6. The name of the NEW	registered agent is:			
Timothy F. Kane, Esq				
7. Date when this Staten	nent of Change of Registered Ager	nt will be effective: CHECK ON	IE BOX ONLY	
✓ Date received (Upo				
Later effective date	(Date must be no more than 30 da	ays from the date of filing)		
Under penalty of perjury, Corporation, and that all	, I declare and affirm that I have ex statements contained herein are to	amined this Statement of Cha rue and correct.	nge of Registered Agent by the	
Name of Authorized Officer of the Corporation			Date	
Derrick Polseno Sr.			7/8/21	
Signature of Authorized	Officer of the Corporation			
(2) R-1	h_			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 640 - Revised: 08/2020