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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 001704354		2. Exact Name of the Limited Liability Company Tie - Toe Ministries	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 29 CHURCH STREET # 17			
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02914
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: MRS. IONI E. CAMPBELL			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 29 CHURCH ST. # 17			
City/Town EAST PROV.		State RHODE ISLAND	Zip 02914
6. The name of the NEW resident agent is: Ms. ROSA MONIZ (Secretary)			
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) 8-4-2021			
<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 Mrs. Ioni Campbell			Date 8-4-2021
Signature of Authorized Person of the Limited Liability Company Rosa Moniz			

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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