RI SOS Filing Number: 202100542200 Date: 8/30/2021 2:46:00 PM



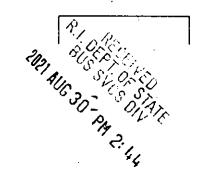
State of Rhode Island

## Department of State - Business Services Division

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



Pursuant to the provisions of RIGL <u>7-16-11</u> 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	2. Exact Name of the Limited Liability Company		
001688383			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 43 WINDWARD DR			
City/Town		State RHODE ISLAND Zip	1 '
PORBMOTH			02871
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Celio Da Silva Aleixo			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)			
165 WINDWARD DR			
City/Town PORTSMOUTH		RHODE ISLAND	Zip   0287
6. The name of the NEW resident agent is:			
Lauren C Aleixo			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
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.			
Name of Authorized Person of the Limited Liability Company Date			Date
Celio Aleixo			
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 ALIG 3 0 2021

FORM 642 - Revised: 08/2020