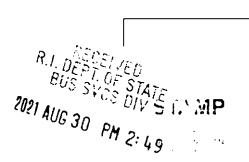
RI SOS Filing Number: 202100550430 Date: 8/30/2021 2:49:00 PM



Department of State - Business Services Division

Statement of Change of Agent DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



	purpose of changing its resident a	•	ind:
1. Entity ID Number	Exact Name of the Limited Liability Company		
000574949	James and Gloria A. Maron LLC		
	ident office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 180 Buttonh	ole Drive		
City/Town Providence		State RHODE ISLAND	Zip 02909
4. The name of the reside	ent agent as PRESENTLY shown in	the records on file with the R	Department of State:
James Maron			
5. The address of the NE		·· · · · · · · · · · · · · · · · · · ·	
Street Address (<u>NOT</u> a P.O.	Box) 180 Buttonhole Drive		
City/Town Providence		RHODE ISLAND	Zip 02909
6. The name of the NEW	resident agent is:		
Gloria A. Maron			
7. Date when this Statem	ent of Change of Resident Agent w	rill be effective: CHECK ONE I	BOX ONLY
✓ Date received (Upon	n filing)		<u>-</u>
Later effective date	(Date must be no more than 90 day	s from the date of filing)	
	l declare and affirm that I have exa	mined this Statement of Chan	ge of Resident Agent by the
	y, and that all statements contained	herein are true and correct.	
Limited Liability Compan			Date
Limited Liability Compan Name of Authorized Pers	y, and that all statements contained		Date 8/25/21
Limited Liability Compan Name of Authorized Pers Gloria A. Maron	y, and that all statements contained on of the Limited Liability Company		
Limited Liability Compan Name of Authorized Pers Gloria A. Maron Signature of Authorized f	y, and that all statements contained		

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**

AUG 3 0 2021

L XPQQV

FORM 64

FORM 642 - Revised: 08/2020