RI SOS Filing Number: 202102048980 Date: 9/23/2021 12:36:00 PM

State of Rhode Island
Department of State - Business Services Division

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Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ LLC

→ Filing Fee: $20.00

7-16-21

Pursuant to the provisions of RIGL ~~7-1.2-502~~ or ~~7-1.2-1409~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the ~~Corporation~~ LLC
838799	LUKMAN, LLC

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address			
21 GARDEN CITY DRIVE			
City/Town CRANSTON	State **RHODE ISLAND**	Zip 02920	

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:

JOHN V. MCGREEN

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)		
370 ATWOOD AVENUE		
City/Town CRANSTON	State **RHODE ISLAND**	Zip 02920

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6. The name of the **NEW** registered agent is:

FRANK S. LOMBARDI LAW ASSOCIATES, P.C.

7. Date when this Statement of Change of Registered Agent will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.

Name of Authorized Officer of the ~~Corporation~~ LLC	Date
SABIR HUSSAIN	8/24/21

Signature of Authorized Officer of the ~~Corporation~~ LLC

X [signature]

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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FORM ~~640~~ Revised 08/2020