



State of Rhode Island

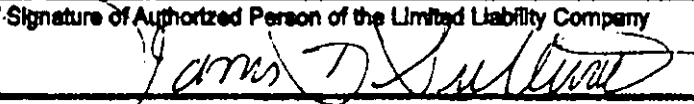
Department of State - Business Services Division

Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 2021 SEP 14 AM 9:16

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 000163504		2. Exact Name of the Limited Liability Company DEAIP, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 21 CRESTWOOD ROAD			
City/Town WARWICK		State RHODE ISLAND	Zip 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: MIA CAETANO JOHNSON, ESQ.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1343 HARTFORD AVENUE			
City/Town JOHNSTON		State RHODE ISLAND	Zip 02919
6. The name of the NEW resident agent is: LEONARD A PETRUSKA, CPA			
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 JAMES D SULLIVAN			Date 08/25/2021
Signature of Authorized Person of the Limited Liability Company 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov
FILED M**SEP 24 2021**
 BY CM GACW4
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FORM 642 - Revised 08/2020

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