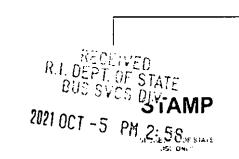
RI SOS Filing Number: 202102704570 Date: 10/5/2021 2:58:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



1. Entity ID Number 000126906 3. The address of the regis	2. Exact Name of the Corpora CATAMORE ONE LLC		
3. The address of the regis	· ·		
	stered office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:
Street Address 50 SOUTH	MAIN STREET		
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
4. The name of the registe TIMOTHY T. MORE	ered agent as PRESENTLY shown	n in the records on file with the	RI Department of State:
5. The address of the NEV	V registered office is:		
Street Address (<u>NOT</u> a P.O. E	^{3ox)} 50 SOUTH MAIN STREET 33	301	
City/Town PROVIDENCE		State RHODE ISLAND	^{Zip} 02903
6. The name of the NEW r ROBERT MANNING	registered agent is:		
	ent of Change of Registered Agent	t will be effective: CHECK ONI	E BOX ONLY
✓ Date received (Upon)			
Later effective date ([Date must be no more than 30 day	ys from the date of filing)	
	declare and affirm that I have exa tatements contained herein are tru		ge of Registered Agent by the
Name of Authorized Office	er of the Corporation		Date / /
RIBERT	T, MANNENO		9/29/21
Signature of Authorized Of	ffice of the Corporation		7-7-

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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OCT 05 2021

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