



State of Rhode Island

## Department of State - Business Services Division

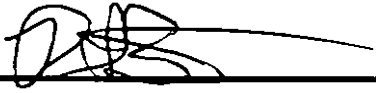
## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 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:

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RI DEPT OF STATE  
BUS SVCS DIV  
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|                                                                                                                                                                                                                 |  |                                                                              |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|--------------------------|
| 1. Entity ID Number<br><b>001726837</b>                                                                                                                                                                         |  | 2. Exact Name of the Limited Liability Company<br><b>BEB MOBILE AUTO LLC</b> |                          |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                                         |  |                                                                              |                          |
| Street Address<br><b>645 PUTNAM PIKE</b>                                                                                                                                                                        |  |                                                                              |                          |
| City/Town<br><b>GREENVILLE</b>                                                                                                                                                                                  |  | State<br><b>RHODE ISLAND</b>                                                 | Zip<br><b>02828</b>      |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>WILLIAM T GEORGE</b>                                                                  |  |                                                                              |                          |
| 5. The address of the <b>NEW</b> resident office is:                                                                                                                                                            |  |                                                                              |                          |
| Street Address ( <b>NOT</b> a P.O. Box)<br><b>221 BROADWAY</b>                                                                                                                                                  |  |                                                                              |                          |
| City/Town<br><b>PROVIDENCE</b>                                                                                                                                                                                  |  | State<br><b>RHODE ISLAND</b>                                                 | Zip<br><b>02903</b>      |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>TIMOTHY J MURRAY CPA</b>                                                                                                                                 |  |                                                                              |                          |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                            |  |                                                                              |                          |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                 |  |                                                                              |                          |
| <input type="checkbox"/> 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<br><b>ROBERT ZARTON, MANAGING MEMBER</b>                                                                                                             |  |                                                                              | Date<br><b>10/1/2021</b> |
| Signature of Authorized Person of the Limited Liability Company<br>                                                          |  |                                                                              |                          |

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

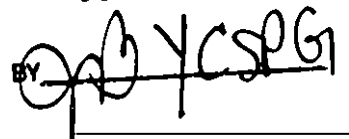
Phone: (401) 222-3040

Website: www.sos.ri.gov

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OCT 06 2021

BY  YCS/PG