



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 *no fee*
 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 OCT 12 PM 2:51

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 000506837		2. Exact Name of the Limited Liability Company REPOSA HOLDINNGS LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 336 MAIN STREET			
City/Town WAKEFIELD		State RHODE ISLAND	Zip 02879
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: CLARKE A REPOSA, SR			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 730 KINGSTOWN ROAD, SUITE B2			
City/Town WAKEFIELD		State RHODE ISLAND	Zip 02879
6. The name of the NEW resident agent is: CLARKE A REPOSA, SR			
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 JENNIFER WESTCOTT			Date 10/06/21
Signature of Authorized Person of the Limited Liability Company <i>Jennifer Westcott</i>			

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**OCT 12 2021***KL 2:51*



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 12, 2021 02:51 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

