Statement of Change of Agent DOMESTIC or FOREIGN Business Corporation			
→ Filing Fee:: \$20.00 \(\mu\)	· · · · · · · · · · · · · · · · · · ·		R.I. 1961 BUS 2021 OCT
Pursuant to the provisions of RIGL <u>7-1 2-502</u> or <u>7-1 2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:			
Entity ID Number 2. Exact Name of the Corporation			P O THE
001681913	Fibat LLC	<u> </u>	RED F STAI S DIV PH 12:
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State.			
Street Address 594 Bullocks Point Ave. Riverside			
City/Town East from de	nce.	State RHODE ISLAND	Zip 02915
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State			
Tuna AKDEMIR			
5. The address of the NEW registered office is.			
Street Address (NOT a P.O. Box) 70 Ide Ave.			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW registered agent is:			
Tuna AKDEMIR			
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 peŋury, I dec Corporation, and that all state		amined this Statement of Chan rue and correct.	ge of Registered Agent by the
Name of Authorized Officer of the Corporation		· · · · · · · · · · · · · · · · · · ·	Date
Tuna At	FOEMIR		10.19.2021
Signature of Authorized Officer of the Corporation			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov