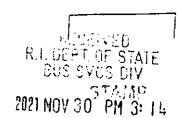


State of Rhode Island

Department of State - Business Services Division



Statement of Change of Agent DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

7 ming (55.		
	t limited liability company 51th	units the
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:		
Entity ID Number 2. Exact Name of the Limited Liability Company		
1. Entity to Number		
100973424 Sonater Mutiservice LLC.		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address		
L149 Anson Dr.		
CityTown	State RHODE ISLAND	Zip COCUS
KIVERSIGE		
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:		
Walter Goodalez		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box)		
317 Konnidal Dr		
City/Town	State	Zip
North Smith Reld	RHODE ISLAND	02896
6. The name of the NEW resident agent is:		
1 100		
Milm Genzale?		
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 penjury, 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		Date
1 10 1 100 0 0 0 0		11/20/2
write 602alez		11/20/3/02/
Signature of Authorized Person of the Limited Liability Company		
atu in the E		
		117
MAIL TO:		3.1
Division of Business Services		FILED
48 W. River Street, Providence, Rhode Island 02804-2615 Phone: (401) 222-3640		
Vabsita: www.sos.ii qov		NOV 3 0 2021
		h XMAKY
	BY_	White I
	٦	SORM MID - Routed City 2000
		•