RI SOS Filing Number: 202107493640 Date: 12/28/2021 1:23:00 PM



DOMESTIC or FOREIGN Limited Liability Company

Statement of Change of Agent

ollowing statement for the purpose of changing its resident agent in the State of Rhode Island:	→ Filing Fee: \$20.00			운한테 등 SVC C 28		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address Z2Z JEFFELSON BLUI SUITE # Z00 City/Town WARRUICK 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Parasearch Inc 5. The address of the NEW resident office is: Street Address (NOI a PO. Box) Ib MISGUAMICUT HILLS RD City/Town WESTERUS 6. The name of the NEW resident agent is: Maria Canale 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 Mana Canale Mana Canale Mana Canale Date Mana Canale	following statement for the purpose of changing its resident agent in the State of Rhode Island:					
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222	1. Entity ID Number					
Street Address 222 SEFFELSON BLOD SUITE # 200 City/Town WATUNICK 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Parascarch Inc 5. The address of the NEW resident office is: Street Address (NOT a PO. Box) Ib MISGUAMICUT HILLS RD City/Town WESTERM 6. The name of the NEW resident agent is: Maria Canale 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 Mana Canale State RHODE ISLAND Zip 0289 City/Town PO289 C	001668821	<u> </u>				
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Name of Authorized Person of the Limited Liability Company Maria Canale 12/23/21	Later effective date (Date must be no more than 90 days from the date of filing)					
Maria Canale 12/23/21						
Maria Canale 12/23/21	Name of Authorized Person of the Limited Liability Company					
Signature of Authorized Person of the Limited Liability Company	Maria Canale 12/23/21					
Mu	Signature of Authorized Person	Signature of Authorized Person of the Limited Liability Company				
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 28 2021 BY CN 6WMKJ 1:23