



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Statement of Change of Resident Agent**

(Section 7-16-11 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the limited liability company is

Shadowz Grips Limited Liability Company

SECTION II

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

174 PEAKED ROCK RD WAKEFIELD , RI 02879

The name of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

MICHAEL WILLIAM BRONSON

SECTION III

The NEW address of the resident agent is:

No. and Street: 7 PUNCH BOWL TRAIL

City or Town: WEST KINGSTON

State: RI

Zip: 02892

The name of the NEW resident agent is:

AMANDA BRONSON

SECTION IV

The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

Signed this 8 Day of July, 2022 at 12:43:16 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

Shadowz Grips Limited Liability Company

Print Name of Limited Liability Company

MICHAEL BRONSON

Signature of Authorized Person

Form No. 642
Revised 09/07

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