



State of Rhode Island  
**Department of State - Business Services Division**

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FOR SECRETARY OF STATE USE ONLY

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 000815014		2. Exact Name of the Limited Liability Company DINGA OPERATING LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State			
Street Address 222 JEFFERSON BLVD. SUITE 200			
City/Town WARWICK		State RHODE ISLAND	Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: REGISTERED AGENT SOLUTIONS, INC. (RESIGNED-11/23/2015)			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1427 HARTFORD AVENUE			
City/Town JOHNSTON		State RHODE ISLAND	Zip 02919
6. The name of the NEW resident agent is: AYESHA AHMED			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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 KALEEM ASAD - MANAGING MEMBER			Date 12/10/22
Signature of Authorized Person of the Limited Liability Company X Kaleem Asad			1:22

**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**  
**STAMP**  
 DEC 23 2022  
 BY 627560343870