RI SOS Filing Number: 202225511510 Date: 12/27/2022 1:45:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

| | 2022 DEĆ 27 PH 1: 45 | RIL DEPT OF STATE SUSSYCS DIV | | | | |
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| nent of State: | | | | | | |
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| 4. Earlie ID Number 2012 Court Name of the Limited Lie | | | | | | | |
|--|---|--------------------|----------------------|--|--|--|--|
| 1 | Entity ID Number 2. Exact Name of the Limited Liability Company | | | | | | |
| 001244424 | 001244424 TLC Homes, LLC | | | | | | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | | | | | |
| Street Address 523 Thames Street | | | | | | | |
| City/Town Newport | | State RHODE ISLAND | ^{Zip} 02840 | | | | |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: | | | | | | | |
| Anthony Lorusso | | | | | | | |
| 5. The address of the NEW resident office is: | | | | | | | |
| Street Address (NOT a P.O. Box) 654 Metacom Avenue, Ste. 3 | | | | | | | |
| City/Town Warren | | State RHODE ISLAND | ^{Zip} 02885 | | | | |
| 6. The name of the NEW resident agent is: | | | | | | | |
| Michelle Hughes, CPA | | | | | | | |
| 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 | Date | | | | | | |
| Anthony Lorusso | | 10/10/2022 | | | | | |
| Signature of Authorized Person of the Limited Liability Company | | | | | | | |

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 1:45 DEC 27 2022 By Ce 5759