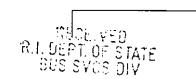
RI SOS Filing Number: 202325870300 Date: 1/9/2023 3:42:00 PM





2023 JAN -9 PH 3:13

FOR SECRETARY OF STATE

## **Statement of Change of Agent**

Discound to the provisions of DIOL 7 40 44 45.

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

1. Entity ID Number	Exact Name of the Limited Liability Company A Action Appliance Repair IIc		
001657600			
3. The address of the res	sident office as PRESENTLY show	n in the records on file with the	RI Department of State:
Street Address 450 Vetera	ans Memorial Highway Suite 7A		
City/Town East Providence		State RHODE ISLAND	Zip 02914
4. The name of the resid	ent agent as PRESENTLY shown	in the records on file with the R	Department of State:
C T Corporation System			
5. The address of the <b>NE</b>		<u>-</u> -	<del></del>
Street Address ( <u>NOT</u> a P.O.	Box) 222 Jefferson Blvd., Suite 20	00	
City/Town Warwick		State RHODE ISLAND	Z <sub>IP</sub> 02888
6. The name of the <b>NEW</b>	resident agent is:	<u> </u>	•
InCorp Services, Inc.			
7. Date when this Statem	nent of Change of Resident Agent	will be effective: CHECK ONE E	BOX ONLY
✓ Date received (Upon			
Later effective date	(Date must be no more than 90 da	ays from the date of filing)	· <del>-</del> ·.
	I declare and affirm that I have ex y, and that all statements containe		ge of Resident Agent by the
	Name of Authorized Person of the Limited Liability Company		
	on or the Emmod Elability Compar		
	or the climed classify compar		12-13-2022

MAIL TO:

**Division of Business Services** 

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FULEDP

JAN 0.9,2023,

BY 12N7B

FORM 642 - Revised 08/2020