RI SOS Filing Number: 202325970370 Date: 1/12/2023 3:12:00 PM



Statement of Change of Agent  DOMESTIC or FOREIGN Limited Liability Company			R.J. C 2023
→ Filing Fee: \$20.00			RECEPTOR DEPT OF SVC
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	2. Exact Name of the Limited Liability Company		
001688098	Polar Square Designs, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 154 Gentlan Ave			
City/Town Providence		State RHODE ISLAND	Zip <b>02908</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the Ri Department of State:  James M Warnick			
5. The address of the NEW resident office is:			
Street Address (NQI a P.O. Box) 35 Warburton Ave			
City/Town North Kingstown		State RHODE ISLAND	<sup>Zip</sup> 02852
6. The name of the NEW resident agent is:			
Katharine M Taylor			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day of filing)			
	clare and affirm that I have exe nd that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Katharine M Taylor			10/24/2022
Signature of Authorized Person of the Limited Liability Company			
SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode island 02904-2815 Phone: (401) 222-3040

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

JAN 1 2 2023

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