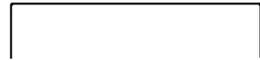




State of Rhode Island
Department of State - Business Services Division



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV.

2023 JAN 18 P 4:31

→ 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 001684060		2. Exact Name of the Limited Liability Company ASSIMILATE Clothing 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 Boulevard, 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: United States Corporation Agency, Inc			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 551 High St APT 1F			
City/Town Central Falls		State RHODE ISLAND	Zip 02806
6. The name of the NEW resident agent is: Krystle C. Irving			
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 Krystle Irving			Date Jan 18, 2023
Signature of Authorized Person of the Limited Liability Company <i>Krystle Irving</i>			

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**
 JAN 18 2023
 BY ML YBSZ1
 4:33