



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV

2023 JAN 24 PM 2:55

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 000298836		2. Exact Name of the Corporation Branch Village Pool & Spa Needs, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 601 Great Road			
City/Town North Smithfield		State RHODE ISLAND	Zip 02896
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Robert Chamberland			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 659 Great Road			
City/Town North Smithfield		State RHODE ISLAND	Zip 02896
6. The name of the NEW registered agent is: Michael Pestana			
7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation Michael Pestana			Date 01/19/2023
Signature of Authorized Officer of the Corporation 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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JAN 24 2023
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