

State of Rhode Island

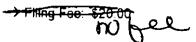
Department of State - Business Services Division

RIL DEPT OF STATE BUS SVCS DIV

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

2023 FEB - i AM 11:50



1. Entity ID Number 2. Exact Name of the Limited Liability Company OOT 50903 KAYTCY LEC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State. Street Address THOO PON ROCK FLZ UNIT A City/Town North KINGSTOWN State RHODE ISLAND Zip C2552 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: KAYTEC (IfCIP) 5. The address of the NEW resident office is: Street Address (NOT a PO. Box) State RHODE ISLAND Zip City/Town State RHODE ISLAND Zip 6. The name of the NEW resident agent is: KAYTEC TON CIFCIP 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filling) Later effective date (Date must be no more than 90 days from the date of filling)	The state of the parties of the state of the	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:			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address THOO PON ROOCH FLZ UNIT A City/Town North Kingstown A. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Kan Ica (Ifane) 5. The address of the NEW resident office is: NIR Street Address (NOT a PO. Box) City/Town State RHODE ISLAND Zip City/Town State RHODE ISLAND Zip 6. The name of the NEW resident agent is: Kan Ica Ton Cifone 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)					
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RHODE ISLAND 6. The name of the NEW resident agent is: **CONCETTON CIFORE 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)	City/Town	State	Zıp		
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	KCINICE TOU CIFORE 7 Date when this Statement of Change of Resident Agent w	ill be effective: CHECK ONE I	BOX ONLY		
	7 Date when this Statement of Change of Resident Agent w Date received (Upon filing)	***************************************	BOX ONLY		
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the	7 Date when this Statement of Change of Resident Agent w Date received (Upon filing)	***************************************	BOX ONLY		
Limited Liability Company, and that all statements contained herein are true and correct.	7 Date when this Statement of Change of Resident Agent w Date received (Upon filing) Later effective date (Date must be no more than 90 day Under penalty of perjury, I declare and affirm that I have exa	rs from the date of filing)			
Name of Authorized Person of the Limited Liability Company Date	7 Date when this Statement of Change of Resident Agent w Date received (Upon filing) Later effective date (Date must be no more than 90 day Under penalty of perjury, I declare and affirm that I have exa	rs from the date of filing)			
Kausee Tou Ofone 211173	7 Date when this Statement of Change of Resident Agent w Date received (Upon filing) Later effective date (Date must be no more than 90 day Under penalty of perjury, I declare and affirm that I have exa	rs from the date of filing) mined this Statement of Chan herein are true and correct.	ge of Resident Agent by the		
Signature of Authorized Person of the Limited Liability Company	7 Date when this Statement of Change of Resident Agent w Date received (Upon filing) Later effective date (Date must be no more than 90 day Under penalty of perjury, I declare and affirm that I have exa Limited Liability Company, and that all statements contained Name of Authorized Person of the Limited Liability Company	rs from the date of filing) mined this Statement of Chan herein are true and correct.	ge of Resident Agent by the Date		
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Karten Jay Colone	7 Date when this Statement of Change of Resident Agent w 7 Date received (Upon filing) 1 Later effective date (Date must be no more than 90 day 1 Under penalty of perjury, I declare and affirm that I have exact Limited Liability Company, and that all statements contained. 1 Name of Authorized Person of the Limited Liability Company 1 Signature of Authorized Person of the Limited Liability Company	rs from the date of filing) mined this Statement of Chan herein are true and correct.	ge of Resident Agent by the Date		

MAIL TO:

Division of Business Services

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

Phone: (401) 222 3040 Website: www.sos.n.gov

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