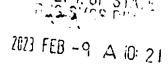
RI SOS Filing Number: 202327975670 Date: 2/9/2023 10:23:00 AM



State of Rhode Island

## **Department of State - Business Services Division**

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## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

2023 FEB -1 P 3: 08

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the	1
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			
001722944	KELLY SEA LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address Agent Resigned				
City/Town		State RHODE ISLAND	Zip	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:				
Agent Resigned				
5. The address of the NEW resident office is:				
Street Address (NOT a P.O. Box) 47 Wood Ave, Suite 2				
City/Town Barrington		State RHODE ISLAND	<sup>Zip</sup> 02806	
6. The name of the NEW resident agent is:				
Registered Agents Inc.				
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)				
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  Date				
William E. Cunningham, Jr. 1/28/2023				
Signature of Authorized Person of the Limited Liability Company				

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 0 9 2023

BY 10 1 2 2 1 1

FORM 642 - Revised: 12/2021