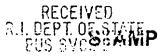
RI SOS Filing Number: 202328444940 Date: 2/15/2023 12:17:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



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Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:		
Entity ID Number 2. Exact Name of the Limited Liability Company		
001747843 Prescopen HR LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 898 W. Main Rd		
City/Town Middle Town, RI 02842	State RHODE ISLAND	Zip 02842
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:		
MANUEL D. TEIXEIRA		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box)		
78 OLD BULGARMARSH RD		
City/Town TIVERTON	RHODE ISLAND	02878
6. The name of the NEW resident agent is:		
MANUEL D. TEIXEIRA		
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	1	Date
Manuel D. Teixeira		Feb 15, 2023
Signature of Authorized Person of the Limited Liability Company		
Marvel Ferferia		

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 1 5 2023 BY WERRY