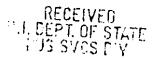
Statement of Change of Agent DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



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Pursuant to the provisions of F following statement for the pur			
Entity ID Number	Exact Name of the Limited Liability Company		
Flea Market Group, LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 105 Congress Street			
City/Town Woonsocket		State RHODE ISLAND	^{Zip} 02895
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Magbis Cortez			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 105 Congress Street			
City/Town Woonsocket		RHODE ISLAND	^{Zip} 02895
6. The name of the NEW resident agent is:			
Daniel Cortez			
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)			
	clare and affirm that I have exa d that all statements contained		ge of Resident Agent by the
Name of Authorized Person o	f the Limited Liability Company		Date
Daniel Cortez			March 6, 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.n.gov FILED

FORM 642 - Revised: 12/2021