



State of Rhode Island
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 MAR -9 PM 1:32

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20,00

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:

1. Entity ID Number 000515223		2. Exact Name of the Limited Liability Company 672 ARMISTICE BLVD. LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 800 FALCON RIDGE DRIVE			
City/Town EXETER		State RHODE ISLAND	Zip 02820
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JUSTIN S. HOLDEN, ESQ			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 780 ARMISTICE BLVD.			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02861
6. The name of the NEW resident agent is: AILEEN F. DUMONT			
7. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company AILEEN F. DUMONT			Date MARCH 6, 2023
Signature of Authorized Person of the Limited Liability Company <i>Aileen F. Dumont</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 MAR 09 2023
 BY *Y236A*
 A.H - 1:32 PM