RI SOS Filing Number: 202330723680 Date: 3/13/2023 9:17:00 AM





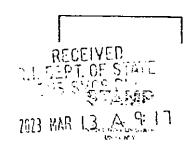
State of Rhode Island

**Department of State - Business Services Division** 

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



Pursuant to the provisions of I following statement for the pure	RIGL <u>7-16-11</u> the undersigned I	imited liability company submi	its the
1. Entity ID Number	pose of changing its resident agent in the State of Rhode Island:  2. Exact Name of the Limited Liability Company		
001679818	R.Z. PROPERTIES, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 222 Jefferso	n Blvd	with the records on the wall are	r Ni Department of State.
City/Town Warwick		State RHODE ISLAND	<sup>Zip</sup> 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Hobson & Coutu, LTD			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 222 Jefferson Blvd			
City/Town Warwick		State RHODE ISLAND	<sup>Zip</sup> 02888
6. The name of the NEW resident agent is: Russo & Lough, P.C.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon filin	<del></del>		-
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			
company, ar	iu mat ali statements contained	herein are true and correct.	ige of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Bolores Zompa			2/21/2023
Signature of Authorized Person of the Limited Liability Company			
Dalora Jampa			
	0		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FLED STARF

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FORM 642 Revised: 12/202