



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company**

**Statement of Change of Address of the Resident Agent**

(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the limited liability company is

DISTINGUISHED PROGRAMS INSURANCE BROKERAGE LLC

**SECTION II**

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

10 DORRANCE STREET SUITE 530 PROVIDENCE , RI 02903

**SECTION III**

The NEW address of the resident agent is:

No. and Street: 235 PROMENADE STREET  
SUITE 475

City or Town: PROVIDENCE

State: RI Zip: 02908

**SECTION IV**

The change of address of the resident agent shall become effective upon the filing of this statement, or on

*(a date not prior to, nor more than 90 days after, filing this Statement)*

**Signed this 16 Day of March, 2023 at 11:24:13 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

ELIZABETH HARKER

Signature of Resident Agent

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 16, 2023 11:24 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

