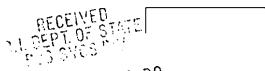
RI SOS Filing Number: 202331929720 Date: 3/29/2023 9:34:00 AM





Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

LEFT OF	STATE!	
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Entity ID Number	2. Exact Name of the Limited Liability Company			
001677491	PCAMC Ventures, LLC			
	<u> </u>	·	DI Department of State:	
	dent office as PRESENTLY shown	in the records on the with the	Ki Department of State.	
Street Address 128 Dorra	ince Street, Suite 400			
City/Town Providence		State RHODE ISLAND	^{Zip} 02903	
4. The name of the reside	nt agent as PRESENTLY shown in	n the records on file with the R	Department of State:	
Jodi-Ann McLane				
5. The address of the NEV	N resident office is:			
	Box) 128 Dorrance Street, Su			
<u> </u>	128 Dorrance Street, Su	inte 220		
City/Town Providence		State RHODE ISLAND	^{Zip} 02903	
, , , , , , , , , , , , , , , , , , , ,				
6. The name of the NEW	resident agent is:	<u> </u>		
	resident agent is:			
6. The name of the NEW John T. McInnes		will be effective: CHECK ONE	BOX ONLY	
6. The name of the NEW John T. McInnes	ent of Change of Resident Agent v	will be effective: CHECK ONE	BOX ONLY	
6. The name of the NEW John T. McInnes 7. Date when this Statemer Date received (Upon	ent of Change of Resident Agent v		BOX ONLY	
6. The name of the NEW John T. McInnes 7. Date when this Statem ✓ Date received (Upon Later effective date (Under penalty of perjury,	ent of Change of Resident Agent v n filing) (Date must be no more than 90 da I declare and affirm that I have exa	ys from the date of filing)		
6. The name of the NEW John T. McInnes 7. Date when this Statem Date received (Upon Later effective date (Under penalty of perjury, Limited Liability Company	ent of Change of Resident Agent v n filing) Date must be no more than 90 da	lys from the date of filing) amined this Statement of Char d herein are true and correct.		
6. The name of the NEW John T. McInnes 7. Date when this Statem Date received (Upon Later effective date (Under penalty of perjury, Limited Liability Company Name of Authorized Person	ent of Change of Resident Agent v n filing) (Date must be no more than 90 da I declare and affirm that I have exi y, and that all statements contained	lys from the date of filing) amined this Statement of Char d herein are true and correct.	ge of Resident Agent by the	

MAIL TO:

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

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

MAR 29 2023

FORM 642 - Revisea: 12/2021