



State of Rhode Island
Department of State - Business Services Division

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2023 MAR 29 A 9:30

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 001677491		2. Exact Name of the Limited Liability Company PCAMC Ventures, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 128 Dorrance Street, Suite 400			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Jodi-Ann McLane			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 128 Dorrance Street, Suite 220			
City/Town Providence		State RHODE ISLAND	Zip 02903
6. The name of the NEW resident agent is: John T. McInnes			
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 John T. McInnes			Date 3-28-23
Signature of Authorized Person of the Limited Liability Company <i>John T. McInnes</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 29 2023
BY MESBK
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