RI SOS Filing Number: 202333432200 Date: 4/20/2023 10:42:00 AM



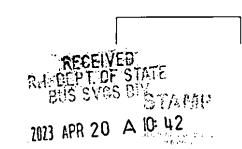
State of Rhode Island

## **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 RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:		
Entity ID Number     2. Exact Name of the Limited Liability Company		
1741805 Pula Vida RS 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 47 Wood Avenue, Suite 2  City/Town D T State PHONE ISLAND Zip		
Dailington	KHODE ISLAND	2ip 02806
4. The name of the resident/agent as PRESENTLY shown in the records on file with the RI Department of State:		
Registered Agents Inc.		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 75 Independence Way, Apt 10110		
City/Town Crandon	State RHODE ISLAND	Zip ()292)
6. The name of the NEW resident agent is:		
Rolando Salas		
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY		
Date received (Upon filing)		
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 Limited Liability Company, and that all statements contained herein are true and correct.		
Name of Authorized Person of the Limited Liability Company	1	Date
Rolando Salas		04/20/2023
Signature of Authorized Person of the Limited Liability Company		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR **20** 2023

FORM 642 - Revised: 12/2021