RI SOS Filing Number: 202334250290 Date: 4/26/2023 3:31:00 PM



Statement of Change of Agent DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE MP
RUS SYCS DIV

2023 APR 26 ₱ 3:31

| Pursuant to the provisions of F following statement for the pur | RIGL <u>7-16-11</u> the undersigned I pose of changing its resident a | | |
|--|--|--------------|---------|
| Entity ID Number 2. Exact Name of the Limited Liability Company | | | |
| 001709630 |) Rusing Pl | wenx w. 1 | LL C |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State | | | |
| Street Address Smithfield Treme City/Town Panh yet State RHODE ISLAND Zip 02860 | | | |
| | | | |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Jon Schmidt: | | | |
| 5. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 47 Wood Avanue Sinte 2. | | | |
| City/Town Barry | aton | RHODE ISLAND | 02806 |
| 6. The name of the NEW resident agent is: | | | |
| negroked Agents In C | | | |
| 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 | | | Date |
| Modure Osyfordunin | | | 4-26-23 |
| Signature of Authorized Person of the Limited Liability Company | | | |
| San San | | | |
| | Y | | |

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 STAMP APR **26** 2023 BY WIL 12