RI SOS Filing Number: 202335382350 Date: 5/8/2023 12:47:00 PM





2023 MAY -8 PM 12: 47

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

following statement for the purpose of control of the purpose of the pu	Name of the Limited Lia		
·	YBL LLC		
3. The address of the resident office as	PRESENTLY shown in	the records on file with the	RI Department of State:
Street Address 3377 POST RD			
City/Town WARWICK		RHODE ISLAND	^{Zip} 02886
4. The name of the resident agent as F NATE ALGIERE	PRESENTLY shown in th	e records on file with the R	I Department of State:
5. The address of the NEW resident of			
Street Address (NOI a P.O. Box) 3377 F	POST ROAD		
City/Town WARWICK		RHODE ISLAND	^{Zip} 02886
6. The name of the NEW resident ages	nt is:		
NATALE G ALGIERE			
7. Date when this Statement of Chang	e of Resident Agent will I	e effective: CHECK ONE	BOX ONLY
✓ Date received (Upon filing)			
Later effective date (Date must be			
Under penalty of perjury, I declare and Limited Liability Company, and that all	affirm that I have exami statements contained he	ned this Statement of Chan prein are true and correct.	ge of Resident Agent by the
Name of Authorized Person of the Lim	ited Liability Company		Date
NATALE G ALGIERE			05/08/2023
Signature of Authorized Person of the	Limited Liability Compan	^y 51	8/2023
			<u> </u>
			FILED 12:47
MAIL TO: Division of Business Services			MAY 08 2023
148 W. River Street, Providence, Rhode Isla	and 02904-2615		WIAT VO CUES
Phone: (401) 222-3040 Website: www.sos.ri.gov			1/ A/I/I

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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:

May 08, 2023 12:47 PM

Gregg M. Amore Secretary of State

Treg M. Coure

