RI SOS Filing Number: 202335648140 Date: 5/15/2023 12:00:00 PM



**Statement of Change of Agent** 

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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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:			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
1743046	FWSGP Corp.	corp	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 50 WASHINGTON SQUARE			
City/Town NEWPORT		State RHODE ISLAND	<sup>Zip</sup> 02840
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
ROBERT M. SABEL			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 50 WASHINGTON SQUARE			
City/Town NEWPORT		RHODE ISLAND	<sup>Zip</sup> 02840
6. The name of the <b>NEW</b> resident agent is:			
CHRISTIAN BELDEN			
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	COP	Date
CHRISTIAN BELDEN			2/20/2023
Signature of Authorized Person of the Limited Liability Gompany Conf			

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** 

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FORM 942 - Revised: 12/2021