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 RI DEPT OF STATE
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Statement of Change of Agent

DOMESTIC or FOREIGN ~~Limited Liability Company~~ *corp*

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL ~~7-16-41~~ 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 115681156011	2. Exact Name of the Limited Liability Company <i>corp</i> MMH 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 Zip 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 NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 50 WASHINGTON SQUARE	
City/Town NEWPORT	State RHODE ISLAND Zip 02840
6. The name of the NEW resident agent is: CHRISTIAN BELDEN	
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 <i>corp</i> CHRISTIAN BELDEN	Date 2/20/2023
Signature of Authorized Person of the Limited Liability Company <i>corp</i> <i>Christian Belden</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

MAY 15 2023

BY *15209*