



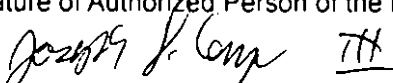
State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 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 001663990		2. Exact Name of the Limited Liability Company Pleasure Realty LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 728 Valley St.			
City/Town Providence		State RHODE ISLAND	Zip 02908
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: D. JOSEPH D'AMICO, ESQ.			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 9 Ottawa Ave.			
City/Town Warwick		State RHODE ISLAND	Zip 02889
6. The name of the NEW resident agent is: Joseph DiCenzo III			
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 Joseph DiCenzo III			Date 5/10/23
Signature of Authorized Person of the Limited Liability Company 			

STAMP
RECEIVED STATE
DEPT. OF STATE
BUS. SVCS. DIV.
2023 MAY 15 PM 12:02

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
MAY 15 2023
BY I WORS
A.A. 12:09 pm
FOR
SEAL ANY OF STATE
USE ONLY