



State of Rhode Island

Department of State - Business Services Division

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2023 MAY 15 AM 11:59

Statement of Change of AgentDOMESTIC or FOREIGN ~~Limited Liability Company~~

→ Filing Fee: \$20.00

Corporation
7-1-2-502

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 140701	2. Exact Name of the Limited Liability Company <i>Corporation</i> FWS 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 (NOT 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) _____		
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 <i>Corporation</i> CHRISTIAN BELDEN		Date 2/20/2023
Signature of Authorized Person of the Limited Liability Company <i>Corporation</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 *DLSE*

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FORM 642 - Revised: 12/2021

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