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BUS SVCS DIV

2023 MAY 22 PM 2:30

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 1726779		2. Exact Name of the Limited Liability Company QUEENS QUORUM, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 47 WOOD AVE. STE 2			
City/Town BARRINGTON	State RHODE ISLAND	Zip 02806	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: REGISTERED AGENTS INC.			
5. The address of the NEW resident office is:			
Street Address (NOI a P.O. Box) 117 COLE AVE			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02906	
6. The name of the NEW resident agent is: JOANNA MIKHAAIL			
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 JOANNA MIKHAIL			Date 5/11/2023
Signature of Authorized Person of the Limited Liability Company <i>Joanna Mikhail</i>			

FILED

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BY: A. WDRFS

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov