



State of Rhode Island
 Department of State - Business Services Division

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 BUS SVCS DIV

2023 MAY 24 A 10:52

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Limited Liability Company~~ **INC.**

→ 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 000098439		2. Exact Name of the Limited Liability Company Corporation Clean management Inc.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1165 Elmwood Ave.			
City/Town Providence		State RHODE ISLAND	Zip
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JOSE TAVERAS			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 504 WEEDEEN ST.			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02860
6. The name of the NEW resident agent is: Carlos Valencia			
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 Corporation Carlos Valencia			Date 5-24-2023
Signature of Authorized Person of the Limited Liability Company Corporation <i>Carlos Valencia</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 24 2023
 BY *[Signature]*
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