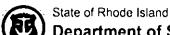
RI SOS Filing Number: 202338340780 Date: 6/19/2023 1:42:00 PM

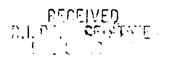


Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



2023 JUN 19 P 1: 42

	RIGL <u>7-16-11</u> the undersigned li pose of changing its resident a		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001734912	Kitamba MGT, LLC		
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 10 DORRANCE	STREET, #700		
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
CORPORATE CREATIONS N	ETWORK INC.		
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box	450 Veterans Memorial Parkway	, Suite 7A	
City/Town East Providence		RHODE ISLAND	Zip 02914
6. The name of the NEW resi	dent agent is:		
C T Corporation System			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
X Date received (Upon filing	ng)		
Later effective date (Dat	e must be no more than 90 day	s from the date of filing)	
	clare and affirm that I have exa nd that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Anthony Trey Traviesa			06.09.23
Signature of Authorized Person	on of the Limited Liability Comp	pany	

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

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JUN 1 9 2023

BY AR 245QD

FORM 642 - Revised 12/2021