



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPARTMENT OF STATE
2023 JUN 22 P 1:40

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 <i>00168 1762</i> | | 2. Exact Name of the Limited Liability Company <i>GETS LLC</i> | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address <i>1301 ATHOOD AVE SUITE 215 N</i> | | | |
| City/Town <i>JOHNSTON</i> | | State RHODE ISLAND | Zip <i>02919</i> |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <i>WILLIAM P. DEVEKEAUX ESQ</i> | | | |
| 5. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) <i>7 THORNWOOD DR</i> | | | |
| City/Town <i>LINCOLN</i> | | State RHODE ISLAND | Zip <i>02865</i> |
| 6. The name of the NEW resident agent is: <i>MAGDALENA SADOUSKA</i> | | | |
| 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>MAGDALENA SADOUSKA</i> | | | Date <i>06/22/2023</i> |
| Signature of Authorized Person of the Limited Liability Company | | | |

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**

JUN 22 2023

BY *ML 692CX*