



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS. SVC. DIV.

2023 JUN 27 P 1:25

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 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 000129331		2. Exact Name of the Limited Liability Company Champ Realty, LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 10 Weybosset Street Suite 905			
City/Town Providence	State RHODE ISLAND	Zip 02903	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Sandra Matrone Mack, Esq.			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 40 Westminster Street, 9th Floor			
City/Town Providence	State RHODE ISLAND	Zip 02903	
6. The name of the <b>NEW</b> resident agent is: Mark Ryan, Esq.			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 Claire A. DiMaio			Date 6/16/23
Signature of Authorized Person of the Limited Liability Company 			

FILED

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

JUN 27 2023  
BY DiMaio  
A.A. 1:25pm.