

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JUN 29 P 1:59



State of Rhode Island

Department of State - Business Services Division

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 000797095 | 2. Exact Name of the Limited Liability Company KB LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 375 PUTNAM PIKE | | |
| City/Town GREENVILLE | State RHODE ISLAND | Zip 02828 |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JONATHAN L. UCRAN, CPA | | |
| 5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 4060 POST ROAD | | |
| City/Town WARWICK | State RHODE ISLAND | Zip 02886 |
| 6. The name of the NEW resident agent is: O'LEARY MURPHY, LLC | | |
| 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 XUELI CHEN | | Date 6/23/2023 |
| 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) 722-3040
Website: www.sos.ri.gov

FILED

2:04

JUN 29 2023

BY YIM 5M
AR