



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

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

2023 JUL 17 P 12:25

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 000596521 | | 2. Exact Name of the Limited Liability Company MOBILE & HOME ELECTRONICS LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 400 RESERVOIR AVE | | | |
| City/Town PROVIDENCE | State RHODE ISLAND | Zip 02907 | |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: SCOTT SUMMER ESP | | | |
| 5. The address of the NEW resident office is: | | | |
| Street Address (<u>NOT</u> a P.O. Box) 400 RESERVOIR AVE STE, 3A | | | |
| City/Town PROVIDENCE | State RHODE ISLAND | Zip 02907 | |
| 6. The name of the NEW resident agent is: LAWYERS COLLABORATIVE ASSOCIATES, P.C. | | | |
| 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 ROBERTO ANIA | | | Date 7-17-23 |
| 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

STAMP

JUL 17 2023

 BY **19076**
A.A. 12:25 pm.