

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 2. Exact Name of the Limited Lightity C			
0011000	2. Exact Name of the Limited Liability Company		
001673601			110
	T DIOVIL	dural grup	, , , ,
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address			on Bepartment of State.
City/Town	Shore rd		•
Westerly		State BUODE ISLAND	Zip
waya u	1	RHODE ISLAND	(1700)
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
hours at 2.			
5 The address of the NEW Michael Bran Capalbo			
e. The address of the NEW resident office is:			
City/Town City/Town City/Town City/Town City/Town State RHODE ISLAND City/Town C			
City/Town	00000	ore since the	_5005
Warning	Cle_	RHODE ISLAND	Zip A 2 A G. C
6. The name of the NEW resident agent is:			
Tori Carbone			
7. Date when this Statement of Charles			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing)			
Copon ming)			
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 exemined the Original Programme of th			
Limited Liability Company, and that all statements contained herein are true and correct.			
Additionaged Person of the Limited Liability Company			
_ .			
michael capabo 6/1/22			6/1/23
Signature of Authorized Person of the Limited Liability Company			
Michael B Coppello			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEDTAMP

JUL 25 2023 10 5 1018

FORM 642 - Revised: 4/2023