RI SOS Filing Number: 202341785800 Date: 9/18/2023 3:00:00 PM



State of Rhode Island

RECEIVED Department of State - Business Services Division SECRETARY OF STATE CORPORATIONS DIV

Statement of Change of Agent

2023 SEP 18 PM 3: 00

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20,00

| Pursuant to the provisions of RIGL <u>7-16-11</u> 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 Liability Company | | |
| 1691738 | Bill's Direct Plumbing & Heating, LLC | | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 11 State Street | | | |
| City/Town Bristol | | State RHODE ISLAND | ^{Zip} 02809 |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Steven M. Hudak | | | |
| 5. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 674 Hope Street | | | |
| City/Town Bristol | | State RHODE ISLAND | ^{Zip} 02809 |
| 6. The name of the NEW resident agent is: | | | |
| Paul Silva | | | |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY | | | |
| Date received (Upon filing) | | | |
| 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 | | | Date |
| William J. Francis | | | 9/12/2023 |
| Signature of Authorized Person of the Limited Liability Company | | | |
| | | | |

67.

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

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