RI SOS Filing Number: 202341849250 Date: 9/22/2023 11:33:00 AM



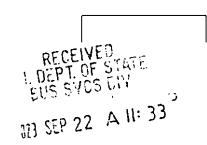
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident a		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001680062	MBN, LLC		
3. The address of the residen	t office as PRESENTLY shown	n in the records on file with the	RI Department of State:
Street Address 141 POWER	R ROAD, SUITE 106		
City/Town PAWTUCKET		State RHODE ISLAND	^{Z₁p} 02860
4. The name of the resident a	igent as PRESENTLY shown in	n the records on file with the R	Department of State:
MARK P. WELCH, ESQ			
5 The address of the NEW re			•
Street Address (NOT a P.O. Box) 650 GEORGE WASHINGTON HWY., STE 200			
City/Town LINCOLN		State RHODE ISLAND	^{Zip} 02865
6. The name of the NEW resi	dent agent is	-	
JOSEPH RAHEB, ESQ.			
7. Date when this Statement	of Change of Resident Agent w	vill be effective CHECK ONE	BOX ONLY
Date received (Upon filin	ng)		
Later effective date (Dat	e must be no more than 90 day	ys from the date of filing)	<u>_</u>
	clare and affirm that I have exa nd that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
FREDERICK A. BELLOWS, III			8/28/2023
Signature of Authorized Pers	on of the Limited Liability Comp	pany .	
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MAIL TO:

Division of Business Services

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

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

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