RI SOS Filing Number: 202342056260 Date: 10/4/2023 12:47:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

RECEIVED

R.I. DEPT. OF STATEP

BUS SVCS DIV

2023 OCT -4 P 22: 44

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		
1081128 Bluewater Pool Survice LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 105 Setian Lane		
WEST WHEWCK	State RHODE ISLAND	Zip 02893
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:		
Anthony Manni		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box)		
1 3656 POST RD		
City/Town	State RHODE ISLAND	Zip
WADWICK	KHODE ISLAND	02886
6. The name of the NEW resident agent is:		
POBERT GESSWAN		
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		
CHRIS SUTHERUMD 10/4/2023		
Signature of Authorized Person of the Limpsed Liability Company		
Mo Sull!		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov STAPAP OCT 0 4 2023 BY P4 D4P AA. 12:47pm.