

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

R.I. DEPT. OF STATE
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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 O01764323 Newport Classic Cars LLC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 58 Crest Rd. City/Town Tiverton State RHODE ISLAND Tiverton State: Street Address of the NEW resident office is: Street Address (NOI a P.O. Box) Tiverton State RHODE ISLAND Tiverton Tiverton State RHODE ISLAND Tiverton Tiverton Tiverton State RHODE ISLAND Tiverton Tiverton Tiverton Tiverton Tiverton Tiverton State RHODE ISLAND Tiverton Tiver						
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 58 Crest Rd. City/Town Tiverton State RHODE ISLAND Zip 02878 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Joe Rodrigues 5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) 58 Crest Rd. City/Town Tiverton State RHODE ISLAND Zip 02878 6. The name of the NEW resident agent is: Joseph Rodrigues 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	Entity ID Number	2. Exact Name of the Limited Liability Company				
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Name of Authorized Person of the Limited Liability Company Date	Name of Authorized Person of the Limited Liability Company			Date		
Joseph Rodrigues 11/8/2023	Joseph Rodrigues			11/8/2023		
Signature of Authorized Person of the Limited Liability Company	Signature of Authorized Person	n of the Limited Liability Comp	pany			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:46 FILED

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BY_M

RI SOS Filing Number: 202342616310 Date: 11/7/2023 11:46:00 AM



I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

November 07, 2023 11:46 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

