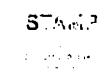
RI SOS Filing Number: 202342913400 Date: 11/24/2023 1:59:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



Pursuant to the provisions of F following statement for the pur				SCITALZELEZ AN
1. Entity ID Number	2. Exact Name of the Limited Liability Company			
001663638	219 Real Estate LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 141 POWER ROAD, SUITE 106				
PAWTUCKET		State RHODE ISLAND	^{Zip} 02860	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:				
MARK P. WELCH, ESQ.				
5. The address of the NEW resident office is:				
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 resident agent is:				
JOSEPH RAHEB, ESQ.				
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	, /
JOSEPH A. QUATTROCCHI			10,	/19/2023
Signature of Authorized Person of the Limited Liability Company				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 1:59

FILED