

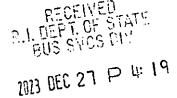
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island: 2. Exact Name of the Limited Liability Company 1. Entity ID Number Brown Avenue Partners, LLC 001703657 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address State Zip City/Town **RHODE ISLAND** 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: 5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 296 GEORGE WASHINGTON HIGHWAY ^{Zip} 02917 City/Town LINCOLN RHODE ISLAND 6. The name of the NEW resident agent is: JOHN CONTI 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 12/27/2023 John R. Conti 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 FILED

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