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Statement of Change of Agent
DOMESTIC or FOREIGN ~~Business Corporation~~

→ Filing Fee: \$20.00

LLC

Pursuant to the provisions of RIGL ~~7-4-502~~ or ~~7-4-1400~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 001753495		2. Exact Name of the Corporation LLC TrueFocus Financial Partners LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 JEFFERSON BLVD. SUITE 200			
City/Town Warwick		State RHODE ISLAND	Zip 02888
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: UNITED STATES CORPORATION AGENTS, INC.			
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 650 Ten Rod Road Box #10			
City/Town North Kingstown		State RHODE ISLAND	Zip 02852
6. The name of the NEW registered agent is: Jonathan Ullman			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation LLC Jonathan Ullman		Date 01/06/2024	
Signature of Authorized Officer of the Corporation LLC 			

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
ST 12:37
JAN 08 2024
SECRETARY OF STATE
BY I W JTK
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