



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JAN 12 AM 11:23:06

Statement of Change of Agent *ADDRESS*
DOMESTIC or FOREIGN Business Corporation *LLC*

→ Filing Fee: ~~\$20.00~~ *NO fee*
7-16-11

Pursuant to the provisions of RIGL ~~7-12-502 or 7-12-1409~~ 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 001749538		2. Exact Name of the Corporation <i>LLC</i> 509 Elm, LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address ONE TURKS HEAD PLACE SUITE 1200			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: ALLISON E. KRAUSE, ESQ.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 400 Reservoir Ave Suite 2A			
City/Town Providence		State RHODE ISLAND	Zip 02907
6. The name of the NEW registered agent is: ALLISON E. KRAUSE, ESQ.			
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) _____			
<i>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.</i>			
Name of Authorized Officer of the Corporation <i>LLC</i> Thomas Stanley			Date 1/9/2024
Signature of Authorized Officer of the Corporation <i>Thomas Stanley LLC</i>			

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
JAN 12 2024
BY *A.A. 11:23 AM*

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