RI SOS Filing Number: 202444241230 Date: 1/18/2024 2:08:00 PM



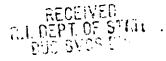
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



2024 JAN 18 P 2:08

| 1. Entity ID Number | 2. Exact Name of the | 2. Exact Name of the Limited Liability Company | | |
|--|------------------------------|--|------------------------------|--|
| 000959420 | DNC HOLDINGS, LLC | DNC HOLDINGS, LLC | | |
| 3. The address of the res | ident office as PRESENTL | Y shown in the records on file with the | RI Department of State: | |
| Street Address 56 PINE ST | REET, 3RD FLOOR | | | |
| City/Town PROVIDENCE | | State RHODE ISLAND | Zip 02903 | |
| 4. The name of the reside | ent agent as PRESENTLY | shown in the records on file with the R | Il Department of State: | |
| DAVID CORSETTI | | | | |
| 5. The address of the NE | W resident office is: | | | |
| Street Address (<u>NOT</u> a P.O. | Box) 450 Veterans Memoria | l Parkway, Suite 7A | _ | |
| City/Town East Providence | | State RHODE ISLAND | Zip 02914 | |
| 6. The name of the NEW | resident agent is: | | | |
| C T Corporation System | | | | |
| 7. Date when this Staten | nent of Change of Resident | Agent will be effective: CHECK ONE | BOX ONLY | |
| X Date received (Upo | n filing) | | | |
| Later effective date | (Date must be no more that | nn 90 days from the date of filing) | | |
| | | have examined this Statement of Char contained herein are true and correct. | nge of Resident Agent by the | |
| Name of Authorized Person of the Limited Liability Company | | | Date | |
| Kara Korosec | | | 1/17/2024 | |
| Signature of Authorized | Person of the Limited Liabil | lity Company | <u> </u> | |

MAIL TO:

Division of Business Services

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

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

1005 Littlemand Minhael Philippe Online

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