RI SOS Filing Number: 202444241690 Date: 1/18/2024 2:08:00 PM



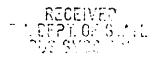
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



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	RIGL <u>7-16-11</u> the undersigned li pose of changing its resident a		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001679950	Branch Master Tenant, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 56 PINE STREET, 3RD FLOOR			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
JOHN O. MANCINI, ESQ.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		RHODE ISLAND	Zip 02914
6. The name of the NEW resi	dent agent is:		
C T Corporation System			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
X 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 de Limited Liability Company, ar	clare and affirm that I have exa nd that all statements contained	mined this Statement of Chan I herein are true and correct.	ge 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 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

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JAN 18 2024

VS.