RI SOS Filing Number: 202444250700 Date: 1/18/2024 2:09:00 PM



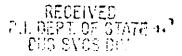
## State of Rhode Island

## **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: 09

<ol> <li>Entity ID Number</li> </ol>	2. Exact Name of the I	2. Exact Name of the Limited Liability Company		
001681213	Hartford Holdings, LLC	Hartford Holdings, LLC		
3. The address of the re	sident office as PRESENTLY	shown in the records on file with the	RI Department of State:	
Street Address 56 PINE S	TREET, 3RD FLOOR			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903	
4. The name of the resid	lent agent as PRESENTLY s	hown in the records on file with the F	RI Department of State:	
JOHN O. MANCINI, ESQ	<b>)</b> .			
5. The address of the N				
Street Address ( <u>NOT</u> a P.C	9. Box) 450 Veterans Memorial	Parkway, Suite 7A	<u> </u>	
City/Town East Providence		State RHODE ISLAND	Zip 02914	
6. The name of the NEV	V resident agent is:			
C T Corporation System				
7. Date when this Stater	ment of Change of Resident	Agent will be effective: CHECK ONE	BOX ONLY	
X Date received (Upo	on filing)			
	<u> </u>	n 90 days from the date of filing)		
Under penalty of perjury Limited Liability Compa	r, I declare and affirm that I have, and that all statements co	ave examined this Statement of Chain ontained herein are true and correct.	nge of Resident Agent by the	
Name of Authorized Person of the Limited Liability Company			Date	
	Kara Koroscc			
Kara Korosec				

MAIL TO:

**Division of Business Services** 

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

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

2:00

JAN 1 8 2024 BY WY 1653