



State of Rhode Island  
Department of State - Business Services Division

REC'D  
24 JAN 24 PM 12:20:29

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 000165265		2. Exact Name of the Limited Liability Company Beth Richardson, LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address 200 Metro Center Blvd, Suite 7			
City/Town Warwick	State RHODE ISLAND	Zip 02886	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Brian A. Bliss, Esquire			
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 500 Carolina Back Road			
City/Town Charlestown	State RHODE ISLAND	Zip 02813	
6. The name of the <b>NEW</b> resident agent is: Elizabeth V. Richardson			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company Elizabeth V. Richardson			Date 1/20/2024
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

FILED 12:20  
JAN 24 2024  
BY JNA9X