| | State of Rho Office of the Sec | | No Fee |
|---|--|--|--|
| | Division Of Bus | iness Services | |
| | 148 W. Riv | er Street | |
| | Providence RI | | |
| 1636 | (401) 222 | 2-3040 | |
| Limited Liability Compan Statement of Change of A (Section 7-16-11(c)(1) of the C | Address of the Reside | | led) |
| | SECTION | П | |
| The name of the limited liab | ility company is | | |
| SacredPause, LLC | | | |
| | SECTION | П | |
| The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: | | | |
| <u>68 BOUVIER AVENUE, #3 MANVILLE</u> , <u>RI 02838-3302</u> | | | |
| SECTION III | | | |
| The NEW address of the resi | dent agent is: | | |
| No. and Street: | 42 CORINTH ST | | |
| | PROVIDENCE | State: RI | Zip: <u>02907</u> |
| | SECTION | IV | |
| The change of address of the resident agent shall become effective upon the filing of this statement, or on $\frac{1/30/2024}{(a \ date \ not \ prior \ to, \ nor \ more \ than \ 90 \ days \ after, \ filing \ this \ Statement)}$ | | | |
| Signed this 29 Day of Jan or individuals signing this in signatory, under penalties of and deed of the company, an filing, in compliance with R. | nstrument constitutes the of f perjury, that this instrum ad that the facts stated her | affirmation or ackno vent is that individua | wledgement of the I's act and deed or the act |
| SARA CASTANEDA Signature of Resident Agent | : | | |
| Form No. 642 Revised 09/07 | | | |

I.

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 29, 2024 02:08 PM

Treng M. Course

Gregg M. Amore Secretary of State

