



State of Rhode Island
Department of State - Business Services Division

REC'D
24 JAN 29 PM 1:04:28
RSD

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 1706927		2. Exact Name of the Corporation ALL TIME SERVICE TC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 744 PARK AVENUE			
City/Town CHARSTON		State RHODE ISLAND	Zip 02910
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: MARISOL CAMILO			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 10 NORRANCE STREET SUITE #700			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
6. The name of the NEW registered agent is: JANET REBUERO			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation JANET REBUERO			Date 1/29/2024
Signature of Authorized Officer of the Corporation 			

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

JAN 29 2024

BY **ML 1651W**

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