



State of Rhode Island
Department of State - Business Services Division

REC'D RID05 BSD
24 FEB 2 PM 3:35:11

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

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 1768553		2. Exact Name of the Limited Liability Company Bellas Cleaning Services LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 29 Marlborough Ave			
City/Town Providence	State RHODE ISLAND	Zip 02907	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Rocio Chala			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 29 Marlborough Ave			
City/Town Providence	State RHODE ISLAND	Zip 02907	
6. The name of the NEW resident agent is: Rocio Chala Brito			
7. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____			
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.			
Name of Authorized Person of the Limited Liability Company Rocio Chala Brito		Date 2/2/24	
Signature of Authorized Person of the Limited Liability Company Rocio Chala Brito			

FILED

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 02 2024

BY

KS 3:35 pm