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State of Rhode Island
Department of State - Business Services Division

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	2. Exact Name of the Limited Liability Company
1768553	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**

- [x] Date received (Upon filing)
- [ ] 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	Date
Rocio Chala Brito	2/2/24

Signature of Authorized Person of the Limited Liability Company
Rocio Chala Brito.

FILED
FEB 02 2024
BY KS 3:35 PM.

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov