



State of Rhode Island
Department of State - Business Services Division



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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RI DEPT. OF STATE
BUS SVCS DIV.

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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 000995261		2. Exact Name of the Limited Liability Company CAI Software, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 36 Thurber Blvd			
City/Town Smithfield		State RHODE ISLAND	Zip 02917
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Michael Burns			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 24 Albion Rd, STE 230			
City/Town Lincoln		State RHODE ISLAND	Zip 02865
6. The name of the NEW resident agent is: Lyndsey Oliveira			
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) _____			
<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 Lyndsey Oliveira			Date 2/5/24
Signature of Authorized Person of the Limited Liability Company <i>Lyndsey Oliveira</i>			

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

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BY GJNJG
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