

State of Rhode Island
Department of State - Business Services DivisionREC'D
RIDGESS BSD
24 FEB 12 PM 3:32:32
STAMP

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 1709920		2. Exact Name of the Limited Liability Company GAUDETTE, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 360 TOWN FARM ROAD			
City/Town COVENTRY		State RHODE ISLAND	Zip RI
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: FREDERICK G. TOBIN, ESQ.			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 6 COUNTRY DRIVE			
City/Town GREENVILLE		State RHODE ISLAND	Zip 02828
6. The name of the NEW resident agent is: ROBERT GAUDETTE JR.			
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 Robert Gaudette Jr.			Date 2-12-24
Signature of Authorized Person 			

FILED

3:36

FEB 12 2024

BY ML P12NX