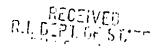
RI SOS Filing Number: 202446456470 Date: 2/14/2024 1:57:00 PM



## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



224 F20 (4 P # 55

Pursuant to the provisions of R following statement for the purp			
	2. Exact Name of the Limited Liability Company		
001746905	ReUp US LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 544 Kingstown road			
City/Town - Wakefield		State RHODE ISLAND	Zip 02879
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Larry Walsh			
5. The address of the NEW resident office is:			
Street Address ( <u>NOT</u> a P.O. Box)			
47 Wood Ave Suite 2			
City/Town Barrington		RHODE ISLAND	Zip 02808
6. The name of the NEW resident agent is:			
Northwest Registered Agent LLC			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
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
Stephane Brun			02.11.2024
Signature of Authorized Person of the Limited Liability Company			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

1:57

FILED

FEB 1 4 2024 BYML NCWRI