



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~~ - \$0 - change of address only  
per phone conversation 2/12/24 1:58

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 000155180		2. Exact Name of the Limited Liability Company Devellope, LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address 27 Julien St			
City/Town Smithfield		State RHODE ISLAND	Zip 02917
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Ellen Weaver Paquette			
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 273 Bowen St Unit #7 Mailbox #5			
City/Town Providence		State RHODE ISLAND	Zip 02906
6. The name of the <b>NEW</b> resident agent is: Ellen Weaver Paquette			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b> <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 Ellen Weaver Paquette			Date 2/12/2024
Signature of Authorized Person of the Limited Liability Company <i>Ellen Weaver Paquette</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

FILED

FEB 14 2024

BY *K*