



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

RECEIVED
RI DEPT. OF STATE
BUS SERVICES DIV

→ Filing Fee: ~~\$20.00~~ *NO fee*

2024 FEB 14 P 1:54

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 001715999		2. Exact Name of the Limited Liability Company Kash Financial 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 60 Connors Farm Dr			
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: John Kashmanian			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 175 Ricci Ln			
City/Town North Kingstown	State RHODE ISLAND	Zip 02852	
6. The name of the NEW resident agent is: John Kashmanian			
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 John Kashmanian		Date 2/6/2024	
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

FILED

FEB 14 2024

BY



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

February 14, 2024 01:54 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

