



**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~~  
*No Fee*

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<br><b>000334678</b>                                                                                                                                                                         |                           | 2. Exact Name of the Limited Liability Company<br><b>MERIDIEN PARTNERS INSURANCE SERVICES, LLC</b> |                        |
| 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 <b>10 Dorrance Street, Suite 524</b>                                                                                                                                                             |                           |                                                                                                    |                        |
| City/Town <b>Providence</b>                                                                                                                                                                                     | State <b>RHODE ISLAND</b> | Zip <b>02903</b>                                                                                   |                        |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>MIKKO PASSANANTI</b>                                                                  |                           |                                                                                                    |                        |
| 5. The address of the <b>NEW</b> resident office is:                                                                                                                                                            |                           |                                                                                                    |                        |
| Street Address ( <u>NOT</u> a P.O. Box) <b>475 Kilvert Street, Suite 350</b>                                                                                                                                    |                           |                                                                                                    |                        |
| City/Town <b>Warwick</b>                                                                                                                                                                                        | State <b>RHODE ISLAND</b> | Zip <b>02886</b>                                                                                   |                        |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>MIKKO PASSANANTI</b>                                                                                                                                     |                           |                                                                                                    |                        |
| 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<br><b>Mikko Passananti</b>                                                                                                                           |                           |                                                                                                    | Date<br><b>2/15/24</b> |
| Signature of Authorized Person of the Limited Liability Company<br><i>Mikko Passananti</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](http://www.sos.ri.gov)

**FILED**

**FEB 26 2024**

**BY** *[Signature]*



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 26, 2024 02:58 PM

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

Gregg M. Amore  
*Secretary of State*

