



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee *none*

REC'D RIDOS BSD
24 FEB 26 PM 2:55:00
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STATE OF RHODE ISLAND
DEPARTMENT OF STATE

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 000507000		2. Exact Name of the Limited Liability Company P2, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 10 Dorrance Street, Suite 524			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Vincent Passananti			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 475 Kilvert Street, Suite 350			
City/Town Warwick		State RHODE ISLAND	Zip 02886
6. The name of the NEW resident agent is: Vincent Passananti			
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 Vincent Passananti			Date 2/15/24
Signature of Authorized Person of the Limited Liability Company <i>Vincent 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

FILED 2:55
STAMP

FEB 26 2024

STATE OF RHODE ISLAND
DEPARTMENT OF STATE



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 02:55 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized.

Gregg M. Amore
Secretary of State

