



State of Rhode Island
 Department of State - Business Services Division

RECD RIDOS BSD
 24 MAR 12 AM 11:02:15

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 001683520	2. Exact Name of the Limited Liability Company Braniff Giant, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 38 North Court Street	
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: JOHN B. MURPHY 38 NORTH COURT STREET PROVIDENCE, RI 02903	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 111 Point Street, Suite 1	
City/Town Providence	State RHODE ISLAND Zip 02903
6. The name of the NEW resident agent is: Thomas S. Mulvey	
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 Thomas S. Mulvey	Date 03/04/2024
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

MAR 12 2024

BY XG-509
 AA. 11:02 AM