



State of Rhode Island
Department of State - Business Services Division

REC'D RIDDS BSD
 MAR 20 2024 3:02:15
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 STATE OF RHODE ISLAND
 DEPARTMENT OF STATE

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 001747443	2. Exact Name of the Limited Liability Company NegTek LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 JEFFERSON BOULEVARD, SUITE 200	
City/Town WARWICK	State RHODE ISLAND Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: LEGALINC CORPORATE SERVICES INC.	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 33 THACKERY ST	
City/Town PROVIDENCE	State RHODE ISLAND Zip 02907
6. The name of the NEW resident agent is: SAMUEL ANDEMICHAE	
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) _____	
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 SAMUEL ANDEMICHAE	Date 03/20/2024
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

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