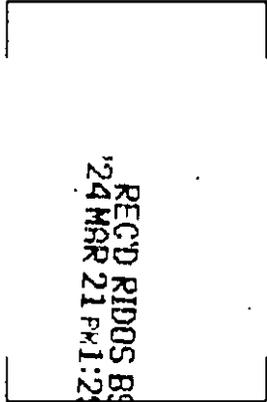




State of Rhode Island
 Department of State - Business Services Division



Statement of Change of Agent *ADDUM*
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$2000~~ *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 001695719		2. Exact Name of the Limited Liability Company Rhode Island Safety Training LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 92 Follett Street			
City/Town North Smithfield		State RHODE ISLAND	Zip 02896
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Jonathan Murray			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 20 McIntosh Lane			
City/Town Harrisville		State RHODE ISLAND	Zip 02830
6. The name of the NEW resident agent is: Jonathan Murray			
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 Jonathan Murray			Date 03/15/2024
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 21 2024
 BY *AA* 1:29 pm



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:

March 21, 2024 01:29 PM

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

Gregg M. Amore
Secretary of State

