State of Rhode Island
Department of State - Business Services Division

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Statement of Change of Agent

DOMESTIC or FOREIGN LLC

→ Filing Fee: $20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned LLC submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the LLC
001658021	IMAGINE ENTERPRISES LLC

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State.

Street Address: ~~155 South main St Suite 405~~

City/Town: ~~Providence~~ | State: RHODE ISLAND | Zip: ~~02903~~

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Boisseau & Dean LLP ~~- Resigned~~

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box): 45 Mayfair Dr

City/Town: Rumford | State: RHODE ISLAND | Zip: 02916

6. The name of the **NEW** registered agent is:

Michelle Fox

7. Date when this Statement of Change of Registered Agent will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the LLC *, and that all statements contained herein are true and correct.*

Name of Authorized Person of ~~the~~ LLC: Michelle Fox | Date: 3-15-2024

Signature of Authorized ~~the~~ Person of ~~the~~ LLC: Michelle Fox

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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FILED
MAR 19 2024
BY ML 10BKZ

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