



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent
DOMESTIC or FOREIGN LLC

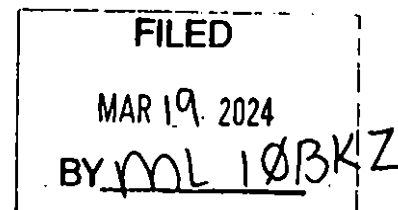
→ Filing Fee: \$20.00

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 <u>001658021</u>		2. Exact Name of the <u>LLC</u> <u>IMAGINE ENTERPRISES LLC</u>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State. Street Address <u>155 South Main St Suite 405</u> City/Town <u>Providence</u> State <u>RHODE ISLAND</u> Zip <u>02903</u>			
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <u>Boisseau & Dean LLP - Resigned</u>			
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) <u>45 Mayfair Dr</u> City/Town <u>Rumford</u> State <u>RHODE ISLAND</u> Zip <u>02916</u>			
6. The name of the NEW registered agent is: <u>Michelle Fox</u>			
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) _____			
I under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the <u>LLC</u> and that all statements contained herein are true and correct.			
Name of Authorized <u>person of the LLC</u> <u>Michelle Fox</u>		Date <u>3-15-2024</u>	
Signature of Authorized <u>person of the LLC</u> <u>Michelle Fox</u>			

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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