RI SOS Filing Number: 202449424430 Date: 3/25/2024 1:25:00 PM

State of Rhode Island

**Department of State - Business Services Division** 

Stat	ement	of Ch	ange	of Age	nt
DOM	ESTIC :	or FOR	EIGN E	Business	Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the

following statement for the purp	pose of changing its registered	d agent in the State of Rhode	Island: Line Fig.
1. Entity ID Number	2. Exact Name of the Corpora		
000 846 683	STEPHEN JAR	85D :25:28 01	
3. The address of the register	ed office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:
Street Address \32 C	old River Ro		
City/Town LihC	010	State RHODE ISLAND	zip 028,65
4. The name of the registered	agent as PRESENTLY shown	in the records on file with the	RI Department of State:
MARK G. K	RIEGER		
5. The address of the NEW re	gistered office is:		<u> </u>
Street Address ( <u>NOT</u> a P.O. Box)	NO HILL RD		
City/Town A SHAW4Y		State RHODE ISLAND	2ip 62804
6. The name of the NEW regis	tered agent is:		<u> </u>
STEPHEN J	ARZOMBEK		
7. Date when this Statement o	f Change of Registered Agent	will be effective: CHECK ON!	BOX ONLY
Date received (Upon filing			<u> </u>
Later effective date (Date	must be no more than 30 day	rs from the date of filing)	
Under penalty of perjury, I dec Corporation, and that all stater	lare and affirm that I have examents contained herein are tru	mined this Statement of Chan le and correct.	ge of Registered Agent by the
Name of Authorized Officer of	the Corporation		Date
STEPHEN JARZ	OMBEK		3/6/24

**MAIL TO:** 

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Signature of Authorized Officer of the Corporation

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED