

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

STA MAR 21 FMI

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

* *	1 00		
1. Entity ID Number	2. Exact Name of the Corporation		
40520	COMMERCIAL MAINTENANCE CONSULTANTS, INC. 会		
A The state of the			
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 253 Main Street			
City/Town East Greenwich		State RHODE ISLAND	^{Zip} 02818
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
John D. Biafore			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 253 Main Street			
City/Town East Greenwich		State RHODE ISLAND	^{Zip} 02818
6. The name of the NEW reg	istered agent is:		
Christopher J. Biafore			
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 de	clare and affirm that I have exa	amined this Statement of Char	ge of Registered Agent by the
Corporation, and that all statements contained herein are true and correct. Name of Authorized Officer of the Corporation Date			
Name of Authorized Officer of the Corporation			
Dana Loiselle			3/7/2024
Signature of Authorized Office	er of the Corporation		
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 2.1 2024 ETAINED

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A.A. 1.25 p.m