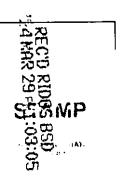
RI SOS Filing Number: 202449887640 Date: 3/29/2024 1:03:00 PM



## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



1. Entity ID Number	pose of changing its resident agent in the State of Rhode Island:  2. Exact Name of the Limited Liability Company		
001675329	Wayfair LLC		
		<u> </u>	DID
	nt office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 222 JEFFERSO	N BOULEVARD, SUITE 200		
City/Town WARWICK		State RHODE ISLAND	Zip 02888
4. The name of the resident	agent as PRESENTLY shown in	the records on file with the R	I Department of State:
INCORPORATING SERVICE	S, LTD		
5. The address of the NEW			
Street Address (NOT a P.O. Bo	x) 450 Veterans Memorial Parkwa	y, Suite 7A	
City/Town East Providence		RHODE ISLAND	Zip 02914
6. The name of the <b>NEW</b> res	sident agent is:		
C T Corporation System			
7. Date when this Statemen	t of Change of Resident Agent v	vill be effective: CHECK ONE	BOX ONLY
X Date received (Upon fil			
Later effective date (Da	ate must be no more than 90 da	ys from the date of filing)	
Under penalty of periury, I d	eclare and affirm that I have exa	amined this Statement of Char	nge of Resident Agent by the
Limited Liability Company, and that all statements contained herein are true and corrections of Authorized Person of the Limited Liability Company			Date
KARA KOROSEC, MANAGER			03/20/2024
Signature of Authorized Per	son of the Limited Liability Com	pany	
		Kaia Korosec	
		Kaia Corosec	<u> </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 MAR 2 9 2024 0.7 P BY 16864