State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ LLC

→ Filing Fee: $20.00

7-16-4 LLC

Pursuant to the provisions of RIGL ~~7-1.2-502~~ or ~~7-1.2-1409~~ the undersigned ~~corporation~~ 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 ~~Corporation~~ LLC
000 141 826	LARA CAPITAL LLC.

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

Street Address		
25 CRANSTON AVE		
City/Town: NEWPORT	State: **RHODE ISLAND**	Zip: 02840.

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

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

Street Address (NOT a P.O. Box)		
732 POST ROAD		
City/Town: WAKEFIELD	State: **RHODE ISLAND**	Zip: 02879.

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

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 ~~Corporation~~ LLC, and that all statements contained herein are true and correct.

Name of Authorized ~~Officer of the Corporation~~ Person of the LLC	Date
STEFANO LAVINIO	3/29/2024.

Signature of Authorized ~~Officer of the Corporation~~ Person of the LLC
S/L/L.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 1:16
APR 01 2024
BY PK8M3
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