



REC'D RIDGECREST
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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 001748049	2. Exact Name of the LLC Bruno Finance, LLC
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 51 JEFFERSON BLVD. 2ND FLOOR	
City/Town WARWICK	State RHODE ISLAND Zip 02888
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: JARED M. TOMASSI, ESQ.	
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 200 Lexington Ave	
City/Town Providence	State RHODE ISLAND Zip 02907
6. The name of the NEW registered agent is: Eran Shavelsky	
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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 LLC and that all statements contained herein are true and correct.</i>	
Name of Authorized Person of the LLC Eran Shavelsky	Date 3/14/23
Signature of Authorized Person of the LLC <i>eran shavelsky</i>	

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
APR 10 2024
BY ML ESB3E
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