



State of Rhode Island  
Department of State - Business Services Division

## 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 <u>001 704401</u>		2. Exact Name of the <u>LLC</u> <u>B&amp;J HOLDINGS, LLC</u>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <u>40 MARY ST Admirals Gate Tower 221 Third St.</u> <sup>Suite 510</sup>			
City/Town <u>NEWPORT</u>	State <u>RHODE ISLAND</u>	Zip <u>02840</u>	
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <u>STEPHEN M. McINNIS ESQ</u>			
5. The address of the <b>NEW</b> registered office is:			
Street Address ( <u>NOT</u> a P.O. Box) <u>40 MARY ST</u>			
City/Town <u>NEWPORT</u>	State <u>RHODE ISLAND</u>	Zip <u>02840</u>	
6. The name of the <b>NEW</b> registered agent is: <u>ALAN BAINE</u>			
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the <u>LLC</u> and that all statements contained herein are true and correct.			
Name of Authorized Person of the LLC <u>ROBERT K WELAND</u>		Date <u>4/5/2024</u>	
Signature of Authorized Person of the LLC <u>RAK Weland</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

FILED

APR 10 2024

BY AL MHNA5

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