



State of Rhode Island  
Department of State - Business Services Division

REC'D RI SOS BSD  
24 APR 17 PM 12:42:28

## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 001714538		2. Exact Name of the Limited Liability Company WHAT CHEER INVESTMENTS, LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 300 CENTERVILLE ROAD SUMMIT WEST SUITE 300			
City/Town WARWICK		State RHODE ISLAND	Zip 02884
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: JEFFREY F. CAFFEY			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 45 AMHERST ROAD			
City/Town CRANSTON		State RHODE ISLAND	Zip 02920
6. The name of the <b>NEW</b> resident agent is: MANUEL R DELGADO			
7. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company MANUEL R DELGADO			Date
Signature of Authorized Person of the Limited Liability Company 			

### 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 17 2024

BY DELEF3

AA. 12:42pm