	State of Rhode I Office of the Secreta		No Fee
	Division Of Business		
	148 W. River St		
1636	Providence RI 0290 (401) 222-304		
	· · · ·	•0	
Limited Liability Company Statement of Change of Address of the Resident Agent (Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)			
	SECTION I		
The name of the lim	ited liability company is		
Catrina Joel, LLC			
SECTION II			
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:			
56 EXCHANGE TERRACE 5TH FLOOR PROVIDENCE , RI 02903			
SECTION III			
The NEW address of	the resident agent is:		
No. and Street:	272 WEST EXCHANGE STREET		
	<u>SUITE 001</u>		
City or Town:	PROVIDENCE	State: RI	Zip: <u>02903</u>
	SECTION IV		
The change of address of the resident agent shall become effective upon the filing of this statement, or on (a date not prior to, nor more than 90 days after, filing this Statement)			
individuals signing t under penalties of pe	of April, 2024 at 9:36:01 AM. This his instrument constitutes the affirmat erjury, that this instrument is that indiv that the facts stated herein are true, as Gen. Laws § 7-16.	ion or acknowledgemer vidual's act and deed or	nt of the signatory, • the act and deed
MATTHEW J. LEONARD Signature of Resident Agent			
Form No. 642			

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 22, 2024 09:35 AM

Treng M. Course

Gregg M. Amore Secretary of State

