



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 APR 22 AM 10:30:30

**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 <b>001718054</b>	2. Exact Name of the Limited Liability Company <b>Dullena LLC</b>		
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 <b>47 WOOD AVENUE, SUITE 2</b>			
City/Town <b>BARRINGTON,</b>	State <b>RHODE ISLAND</b>	Zip <b>02806</b>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>REGISTERED AGENTS INC</b>			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>215 BUCKLIN ST</b>			
City/Town <b>PAWTUCKET</b>	State <b>RHODE ISLAND</b>	Zip <b>02860</b>	
6. The name of the <b>NEW</b> resident agent is: <b>DULCE MESQUITA</b>			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <b>DULCE MESQUITA</b>			Date <b>4/22/2024</b>
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 1032

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BY 4720E