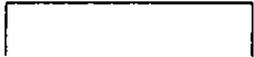**State of Rhode Island**
Department of State - Business Services Division

Statement of Change of Agent — *name change due to marriage*
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~$20.00~~ *No fee*

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	2. Exact Name of the Limited Liability Company
001726932	4 BROTHERS PROFESSIONAL SERVICES LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address 732 DEXTER ST

City/Town CENTRAL FALLS	State RHODE ISLAND	Zip 02863

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

MIGUELINA PASCUAL

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box) 1336 EDDY ST UNIT-1

City/Town PROVIDENCE	State RHODE ISLAND	Zip 02905

6. The name of the **NEW** resident agent is:

MIGUELINA DICEN

7. Date when this Statement of Change of Resident Agent will be effective: **CHECK ONE BOX ONLY**

[✓] Date received (Upon filing)

[ ] 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	Date
	04/11-2024

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 9:58
APR 9 3 2024
BY ___

FORM 642 - Revised: 01/2024