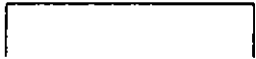




State of Rhode Island
Department of State - Business Services Division



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 001726932		2. Exact Name of the Limited Liability Company 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			
<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 <i>[Signature]</i>		Date 04/11-2024	
Signature of Authorized Person of the Limited Liability Company			

REC'D RIODS BSD
APR 23 AM 9:58:38

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 23 2024
BY *[Signature]*