RECD RIDOS BSD
'24 APR 29 PM12:51:59

State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business corporation

→ Filing Fee: $20.00

Pursuant to the provisions of RIGL 7-1.2-502 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~~ Corporation
000148942	F.O.V. Landmark, Inc.

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

Street Address	City/Town	State	Zip
1334 MENDON ROAD	CUMBERLAND	RHODE ISLAND	02864

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

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

Street Address (NOT a P.O. Box)	City/Town	State	Zip
655 Mendon Road	Cumberland	RHODE ISLAND	02864

6. The name of the **NEW** resident agent is:
MARLENE B. MARSHALL, ESQ.

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~~ Corporation	Date
THOMAS P VUONG	4/10/2024

Signature of Authorized Person of the ~~Limited Liability Company~~ Corporation

FILED
APR 29 2024
BY 4319

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 640 Revised: 01/2024
640