



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
MAY 3 PM 12:01:17

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 <u>001663593</u>		2. Exact Name of the Limited Liability Company <u>ALLIANCE HOME INSPECTION LLC</u>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <u>83 VERMONT AVE UNIT 4</u>			
City/Town <u>WARWICK</u>		State RHODE ISLAND	Zip <u>02888</u>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <u>DAVID HUNTTON</u>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <u>43 AUDREY DR</u>			
City/Town <u>WEST WARWICK</u>		State RHODE ISLAND	Zip <u>02893</u>
6. The name of the NEW resident agent is: <u>CHRISTOPHER BRISNAHAN</u>			
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) <u>5-6-24</u>			
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 <u>LYNN BRISNAHAN</u>			Date <u>5-3-24</u>
Signature of Authorized Person of the Limited Liability Company <u>[Signature]</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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