



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 MAY 2 AM 10:45:04

**Statement of Change of Agent**  
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number <b>001683529</b>	2. Exact Name of the Corporation <b>MAR VERDE, INC</b>		
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>6 PINE GROVE LANE</b>			
City/Town <b>WEST GREENWICH</b>	State <b>RHODE ISLAND</b>	Zip <b>02817</b>	
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>JOHN J. HARRINGTON, ESQ.</b>			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) <b>192 OSPREY ROAD</b>			
City/Town <b>WAKEFIELD</b>	State <b>RHODE ISLAND</b>	Zip <b>02879</b>	
6. The name of the <b>NEW</b> registered agent is: <b>MANUEL FABIAN, ESQ.</b>			
7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>			
Name of Authorized Officer of the Corporation <b>MANUEL FABIAN</b>			Date <b>4/28/2024</b>
Signature of Authorized Officer of the Corporation 			

D

**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**

**MAY 2 2024**

BY CTMT8