



State of Rhode Island
Department of State - Business Services Division

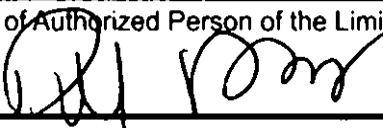
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Statement of Change of Agent

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 000910561	2. Exact Name of the Limited Liability Company Brisa de Sol, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 860H Curtis Corner Rd	
City/Town Wakefield	State RHODE ISLAND Zip 02879
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: John Harrington	
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 63 Pine Grove Lane	
City/Town West Greenwich	State RHODE ISLAND Zip 02817
6. The name of the NEW resident agent is: Pablo Rodriguez	
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 Pablo Rodriguez	Date 04/27/2024
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

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