RI SOS Filing Number: 202453997090 Date: 5/7/2024 11:31:00 AM



## State of Rhode Island Department of State - Business Services Division

REC'D RIDOS BSD '24 MAY 7 HH11:30:46

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> 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		
000119394 TRISH DIG CHAMTERS LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 38 Worth Count STREET		
City/Town Previ Dence	State RHODE ISLAND	02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:		
JOHN B MURPHY		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 947 OUD BAPHST RD		
Noath Kinsstown	RHODE ISLAND	Zip 02852
6. The name of the <b>NEW</b> resident agent is:		
DAVID McConmide		
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		Date
DAVID MCCORMICK		5/7/2024
Signature of Authorized Person of the Limited Liability Company		
Davel MCamb		

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 | 31

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