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State of Rhode Island

Department of State - Business Services Division

Crimes Enforcement Network (FinCEN). Visit FinCEN.gov/ boi for more information.

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

—>Filing Fee: \$20.00

suant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the

ollowing statement for the pur	pose of changing its resident a	gent in the State of Rhode Isla	nd:
1. Entity ID Number 001724874	2. Exact Name of the Limited Liability Company Roof Does LLC		
3. The address of the residen	nt office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address ROBOX 40391 42 Fisher 81			
City/Town North Providence		State RHODE ISLAND	zip 02940-02911
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Tohib A. Giwa			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 494 Woonasquatucket Ave. Apt. 303			
City/Town North Providence		State RHODE ISLAND	Zip 02911
6. The name of the NEW resident agent is: Zainab M. Giwa			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing) X Later effective date (Date must be no more than 90 days from the date of filing) 5 / 4/2034			
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 Morufdeen Giwa Date 5/4/2024			
Signature of Authorized Person of the Limited Liability Company FILED			
MAY 07 2024			