RI SOS Filing Number: 202454262250 Date: 5/13/2024 1:02:00 PM



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 F following statement for the pur			
Entity ID Number 2. Exact Name of the Limited Liability Company			· · · · · · · · · · · · · · · · · · ·
001729964	SANDBROS LLC		
3. The address of the residen	t office as PRESENTLY show	n in the records on file with the	RI Department of State:
Street Address	39-	10 Post Par	40
City/Town WARM'UL		State RHODE ISLAND	Zip 0288U
4. The name of the resident a	gent as PRESENTLY shown i	n the records on file with the R	I Department of State:
LEGALCORP SOLUTI	ONS, LLC		
5. The address of the NEW re	esident office is:		
Street Address (NOT a P.O. Box	17 SKYCREST AVENU	<u> </u>	
City/Town EAST PROVID	ENCE	State RHODE ISLAND	Zip 02914
6. The name of the NEW resi	dent agent is:		
JERONIMO SANDO	VAL		
7. Date when this Statement	of Change of Resident Agent v	vill be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon filing)			
Later effective date (Dat	e must be no more than 90 da	ys from the date of filing)	
	clare and affirm that I have extend that all statements contained	amined this Statement of Char d herein are true and correct.	ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company		у	Date
JERONIMO SANDOVAL			4/22/24
Signature of Authorized Person	on of the Limited Liability Com	pany	

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 1 3 2024

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