



State of Rhode Island
Department of State - Business Services Division

REC'D R.D.S. 350
24 MAY 13 PM 1:00:55

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 001729964		2. Exact Name of the Limited Liability Company SANDBROS LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 3970 POST ROAD			
City/Town WARWICK		State RHODE ISLAND	Zip 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: LEGALCORP SOLUTIONS, LLC			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 17 SKYCREST AVENUE			
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02914
6. The name of the NEW resident agent is: JERONIMO SANDOVAL			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company JERONIMO SANDOVAL			Date 4/22/24
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

FILED
MAY 13 2024
BY WOLAT
AA. 1:02pm