



State of Rhode Island  
 Department of State - Business Services Division

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 SECRETARY OF STATE  
 CORPORATIONS DIV

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

2024 JUN -3 PM 2:19

→ 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 000968671		2. Exact Name of the Limited Liability Company MarChap Holdings LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 41 Pheasant Ridge Road			
City/Town Seekonk		State MASSACHUSETTS	Zip 02771
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Allen, Duquette & Associates			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 1174 River Street			
City/Town Woonsocket		State RHODE ISLAND	Zip 02895
6. The name of the NEW resident agent is: Martin Dean Chapman			
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) _____			
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 Martin Dean Chapman			Date 05/30/2024
Signature of Authorized Person of the Limited Liability Company <i>Martin Dean Chapman</i>			

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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 BY *ARXZ*