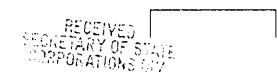
RI SOS Filing Number: 202455663740 Date: 6/10/2024 2:46:00 PM



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



2024 JUN 10 PM 2: 46 57/2013

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		
000160543 D&H Collision Center LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address		
_ 130 DIRRANCE ST		
PRDUIDENCE	State RHODE ISLAND	^{Zip} 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:		
STEVE DILIBERD		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box)		
11183 KIMWOOD FIVE		
City/Town JARWICK	RHODE ISLAND	zip D2888
6. The name of the NEW resident agent is:		
Susanne HAYES		
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 HAYES		6.5.24
Signature of Authorized Person of the Kimited 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