

REC'D RI SOS BSD
24 JUN 21 PM 12:36:44State of Rhode Island
Department of State - Business Services Division**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 1730662	2. Exact Name of the Limited Liability Company Diana Realty Group LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address		
City/Town	State RHODE ISLAND	Zip
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Resigned		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 28 Dawn Marie Drive		
City/Town Portsmouth	State RHODE ISLAND	Zip 02871
6. The name of the NEW resident agent is: Diana Murcia		
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 Diana Murcia		Date 04/23/2024
Signature of Authorized Person of the Limited Liability Company <i>Diana M. Murcia</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**FILED****JUN 21 2024**BY **IDEID****AA. 12:37pm.**
*ORI/ 642 - Revised 01/2024