



State of Rhode Island
Department of State - Business Services Division

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CORPORATIONS DIV

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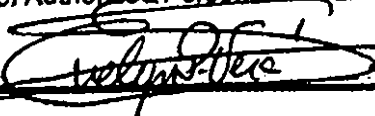
Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

No Fee - Name Change

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 1756809		2. Exact Name of the Limited Liability Company 4 SEASONS HVAC LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 399 Sowams Rd			
City/Town Barrington		State RHODE ISLAND	Zip 02806
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: EVELYN WAGNER			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) -			
City/Town -		State RHODE ISLAND	Zip -
6. The name of the NEW resident agent is: EVELYN AGUIAR			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input 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 EVELYN WAGNER			Date 05-06-2024
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.eos.ri.gov

FILED

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BY 