RI SOS Filing Number: 202457836980 Date: 7/11/2024 9:48:00 AM



State of Rhode Island
Department of State - Business Services Division

TEC'D RIDOS BSD '24' JUL 11 AM9:48:07

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	• • •	
following statement for the purpose of changing its resident a 1. Entity ID Number 2. Exact Name of the Limited	<u> </u>	ano:
001773297 RED BIRDINVESTMENT LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address		
56 CUMERFORD ST		
City/Town	State RHODE ISLAND	Zip
PROVIDENCE		62909
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:		
URIAS RODRIGUEZ		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box)		
56 CUMERFORD ST		
		
City/Town	State	Zip
PRUVIDENCE	RHODE ISLAND	2ip 02909
	RHODE ISLAND	02909
provingives: 6. The name of the NEW resident agent is: A GUSTIN ALVARIEZ	RHODE ISLAND	02907
pれのレルクピルのピ 6. The name of the NEW resident agent is:	RHODE ISLAND	02907
provingives: 6. The name of the NEW resident agent is: A GUSTIN ALVARIEZ	RHODE ISLAND	02907
PROVIDENCE 6. The name of the NEW resident agent is: A GUSTIU ALVARIE 2 7. Date when this Statement of Change of Resident Agent v	RHODE ISLAND	02907
FROVIDENCE 6. The name of the NEW resident agent is: ACUSTIU ALVARIE 7. Date when this Statement of Change of Resident Agent v Date received (Upon filing)	rill be effective: CHECK ONE	BOX ONLY
6. The name of the NEW resident agent is: A C U S T I U A L V A R E 7. Date when this Statement of Change of Resident Agent v Date received (Upon filing) Later effective date (Date must be no more than 90 day and affirm that I have example of the new periods of the new perio	rill be effective: CHECK ONE sys from the date of filing) mined this Statement of Chan herein are true and correct.	BOX ONLY
6. The name of the NEW resident agent is: A C STILL A L VARIE 2 7. Date when this Statement of Change of Resident Agent v Date received (Upon filing) Later effective date (Date must be no more than 90 days and the contained Liability Company, and that all statements contained Name of Authorized Person of the Limited Liability Company URICS ROPRIO CE	rill be effective: CHECK ONE is from the date of filing) mined this Statement of Chan herein are true and correct.	BOX ONLY ge of Resident Agent by the
6. The name of the NEW resident agent is: A C U S T I U A L V A R 2 7. Date when this Statement of Change of Resident Agent v Date received (Upon filing) Later effective date (Date must be no more than 90 day Under penalty of perjury, I declare and affirm that I have exact imited Liability Company, and that all statements contained Name of Authorized Person of the Limited Liability Company	rill be effective: CHECK ONE is from the date of filing) mined this Statement of Chan herein are true and correct.	BOX ONLY ge of Resident Agent by the

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 1 1 2024

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