



State of Rhode Island  
Department of State - Business Services Division

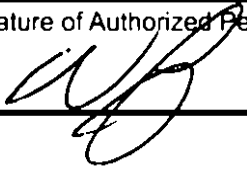
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**Statement of Change of Agent**

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<br><b>001659701</b>  |  | 2. Exact Name of the Limited Liability Company<br><b>F AND F AUTO ENHANCEMENT LLC</b> |                           |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:  |  |   |                           |
| Street Address <b>15 LINCOLN DRIVE</b>   |  |   |                           |
| City/Town <b>NORTH SMITHFIELD</b>  |  | State <b>RHODE ISLAND</b>   | Zip <b>02896</b>          |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>WILLIAM FALLON</b>   |  |   |                           |
| 5. The address of the <b>NEW</b> resident office is:   |  |   |                           |
| Street Address ( <u>NOT</u> a P.O. Box) <b>2067 MINERAL SPRING AVE</b>   |  |   |                           |
| City/Town <b>NORTH PROVIDENCE</b>  |  | State <b>RHODE ISLAND</b>   | Zip <b>02911</b>          |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>RONALD DETHOMAS</b>   |  |   |                           |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>   |  |   |                           |
| <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) _____  |  |   |                           |
| <i>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.</i> |  |   |                           |
| Name of Authorized Person of the Limited Liability Company<br><b>WILLIAM FALLON JR</b>   |  |   | Date<br><b>07/09/2024</b> |
| Signature of Authorized Person of the Limited Liability Company<br>   |  |   |                           |

**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 Htezk**