RI SOS Filing Number: 202457960900 Date: 7/15/2024 1:22:00 PM





Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

2024 JUL 15 PH 1:22

1. Entity ID Number	urpose of changing its resident agent in the State of Rhode Island: 2. Exact Name of the Limited Liability Company			
001732187		Deep Blue Composites LLC		
7 Th	ideal Control of the	in the second on Plancial the	Di Danadarani of Ciata	
	sident office as PRESENTLY shown	in the records on tile with the	Ri Department of State.	
Street Address 97 Broad	Icommon Road			
City/Town Bristol		State RHODE ISLAND	^{Zip} 02809	
4. The name of the resid	ent agent as PRESENTLY shown in	the records on file with the R	Department of State:	
Darya Blout				
5. The address of the N E	W resident office is:			
Street Address (<u>NOT</u> a P.O	Box) 500 Wood Street #316			
City/Town Bristol		RHODE ISLAND	^{Zip} 02809	
6. The name of the NEW	resident agent is:			
Darya Blout				
7. Date when this Staten	nent of Change of Resident Agent w	ill be effective: CHECK ONE I	BOX ONLY	
Date received (Upo	n filing)			
Later effective date	(Date must be no more than 90 day	s from the date of filing)		
	I declare and affirm that I have example, and that all statements contained		ge of Resident Agent by the	
	son of the Limited Liability Company		Date	
Darya Blout			7/11/2024	
Signature of Authorized	Person of the Limited Liability Comp	any	 	

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_\$\alpha\$

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

July 15, 2024 01:22 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

