



State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS

Statement of Change of Agent

DOMESTIC or FOREIGN *limited liability company*

2024 JUL 19 AM 11:29

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL *7-16-11* the undersigned *LLC* submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 001340361		2. Exact Name of the <i>LLC</i> FOUR SQUARE COMMONS, LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>47 WOOD Avenue, Suite 2</i>			
City/Town <i>Barrington</i>		State <i>RHODE ISLAND</i>	Zip <i>02806</i>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: REGISTERED AGENTS INC.			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) <i>26 HOMESTEAD AVE, APT. 5</i>			
City/Town <i>WARREN</i>		State <i>RHODE ISLAND</i>	Zip <i>02885</i>
6. The name of the NEW registered agent is: DAVID ROSS, MANAGING DIRECTOR			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the <i>LLC</i> , and that all statements contained herein are true and correct.			
Name of Authorized <i>person of the LLC</i> DAVID ROSS, MANAGING DIRECTOR			Date JULY 18, 2024
Signature of Authorized <i>person of the LLC</i> <i>[Signature]</i> , Managing Director			

RI DOS MADE NON-SUBSTANTIVE EDITS

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
JUL 19 2024
BY ML 1750

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