	State of Rhode Island Office of the Secretary of State	Fee: \$20.00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
1636	(401) 222-3040	
Foreign Limited Liability Company		
Statement of Change of Resident Agent (Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended)		
	SECTION I	
The name of the limited liability comp	pany is	
Method Insurance Services, LLC		
SECTION II		
The address of the resident agent as P of State is:	PRESENTLY shown in the records on file with the records on file with the records on file with the records on th	he Rhode Island Secretary
<u>47 WOOD AVE SUITE 2 BARRINGTON</u> , <u>RI 02806</u>		
The name of the registered agent as P of State is:	RESENTLY shown in the records on file with the records on the reco	he Rhode Island Secretary
NORTHWEST REGISTERED AGENT,	LLC	
SECTION III		
The NEW address of the resident agen	t is:	
No. and Street: <u>10 DORRANCE STR</u>	<u>EET #700</u>	
City or Town: <u>PROVIDENCE</u>	State: RI	Zip: <u>02903</u>
The name of the NEW resident agent i	is: <u>CORPORATE CREATIONS NET</u>	TWORK INC.
	SECTION IV	
The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.		
signing this instrument constitutes the perjury, that this instrument is that inc	11:50:02 AM. This electronic signature of the affirmation or acknowledgement of the signal dividual's act and deed or the act and deed of late of the electronic filing, in compliance with	tory, under penalties of the company, and that the
<u>Method Insurance Services, LLC</u> Print Name of Limited Liability Com	ipany	

CHRISTOPHER REHM

Signature of Authorized Person

Form No. 642 Revised 09/07

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