RI SOS Filing Number: 202458632770 Date: 8/7/2024 12:40:00 PM



State of Rhode Island

Department of State - Business Services Division

REC'D RIDOS 65D '24 AUG 7 PM 12:39:59

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:	
1. Entity ID Number 2. Exact Name of the Corpora	
001297997 Providence Live Ltd.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address ISS South Main Stiret	
City/Town Providence	State RHODE ISLAND Zip 6193
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:	
Thomas List	
5. The address of the NEW registered office is:	
Street Address (NOT a P.O. Box) 116 diange street	
City/Town Play 1 dinge	State RHODE ISLAND Zip 02903
6. The name of the NEW registered agent is:	
6. The name of the NEW registered agent is:	
· · · · · · · · · · · · · · · · · · ·	E.sq.
6. The name of the NEW registered agent is: Stiphin M Litwin	E.sq.
6. The name of the NEW registered agent is: 5+1phty W Li+W1P 7. Date when this Statement of Change of Registered Agen	t will be effective: CHECK ONE BOX ONLY
6. The name of the NEW registered agent is: SHIPHN M LIHWIN 7. Date when this Statement of Change of Registered Agen Date received (Upon filing) Later effective date (Date must be no more than 30 da	t will be effective: CHECK ONE BOX ONLY ys from the date of filing) mined this Statement of Change of Registered Agent by the
6. The name of the NEW registered agent is: Stiphin M Litwin 7. Date when this Statement of Change of Registered Agen Date received (Upon filing) Later effective date (Date must be no more than 30 da Under penalty of perjury, I declare and affirm that I have example of the name of the NEW registered agent is: 1. The name of the New registered agent is: 1. The name of the New registered agent is: 1. The name of the New registered agent is: 1. The name of the New registered agent is: 1. The name of the New registered agent is: 1. The name of the New registered agent is: 1. The name of the New registered agent is: 1. The name of the New registered agent is: 1. The name of the	t will be effective: CHECK ONE BOX ONLY ys from the date of filing) mined this Statement of Change of Registered Agent by the ue and correct. Date
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6. The name of the NEW registered agent is: SHIPM M LIHWIP 7. Date when this Statement of Change of Registered Agen Date received (Upon filing) Later effective date (Date must be no more than 30 da Under penalty of perjury, I declare and affirm that I have exa Corporation, and that all statements contained herein are to Name of Authorized Officer of the Corporation	t will be effective: CHECK ONE BOX ONLY ys from the date of filing) mined this Statement of Change of Registered Agent by the ue and correct. Date

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

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