

## State of Rhode Island Department of State - Business Services Division

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

REC'D RIDBS 850

3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State Street Address 222 JEFFERSON BLVD  City/Town WARWICK  State RHODE ISLAND  Zip 02888  4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: COGENCY GLOBAL INC.  5. The address of the NEW resident office is:  Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A  City/Town East Providence  6. The name of the NEW resident agent is:  C T Corporation System  7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY  X Date received (Upon filing)  Later effective date (Date must be no more than 90 days from the date of filing)  Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent all Limited Liability Company, and that all statements contained herein are true and correct.  Name of Authorized Person of the Limited Liability Company  ERIC DUGAS, MANAGER	1. Entity ID Number	2. Exact Name of the Limited Liability Company			
City/Town WARWICK  State RHODE ISLAND  Zip 02888  4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: COGENCY GLOBAL INC.  5. The address of the NEW resident office is:  Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A  City/Town East Providence  State RHODE ISLAND  Zip 02914  6. The name of the NEW resident agent is: C T Corporation System  7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY  X Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing)  Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent I Limited Liability Company, and that all statements contained herein are true and correct.  Date  17. Date  18. Date  18. Date  18. Date  18. Date  18. Date  18. Date	000792495	HEPACO, LLC			
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East Providence  RHODE ISLAND  02914  6. The name of the NEW resident agent is:  C T Corporation System  7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY  X Date received (Upon filing)  Later effective date (Date must be no more than 90 days from the date of filing)  Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent I Limited Liability Company, and that all statements contained herein are true and correct.  Name of Authorized Person of the Limited Liability Company  Date	Street Address ( <u>NOT</u> a P.O.	Box) 450 Veterans Memorial Parkwa	y, Suite 7A		
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	C T Corporation System				
<ul> <li>✓ Date received (Upon filing)         Later effective date (Date must be no more than 90 days from the date of filing)</li></ul>	7. Date when this Staten	nent of Change of Resident Agent v	vill be effective: CHECK ONE	BOX ONLY	
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Name of Authorized Person of the Limited Liability Company  Date  07/26/2024					
Name of Authorized Person of the Limited Liability Company  Date	Under penalty of perjury, Limited Liability Compan	I declare and affirm that I have exery, and that all statements contained	amined this Statement of Cha d herein are true and correct.	nge of Resident Agent by the	
ERIC DUGAS, MANAGER 07/26/2024				Date	
·	ERIC DUGAS, MANAGE	R		07/26/2024	
Signature of Authorized Person of the Limited Liability Company	Signature of Authorized	Person of the Limited Liability Com	pany	<u> </u>	
OcuBigned by:					

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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FILED

AUG 13 2024

FORM 642 Revised: 01/2024