



State of Rhode Island
 Department of State - Business Services Division

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Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 1720640	2. Exact Name of the Limited Liability Company Jathna. G LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 1701 Smith Street Apt. 305	
City/Town North Providence	State RHODE ISLAND
Zip 02904	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Jathna Garcia	
5. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 47 Wood ave, suite 2	
City/Town Barrington	State RHODE ISLAND
Zip 02806	
6. The name of the NEW resident agent is: Registered Agents Inc	
7. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>	
Name of Authorized Person of the Limited Liability Company Jathna Garcia	Date
Signature of Authorized Person of the Limited Liability Company 	

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
AUG 21 2024
 BY LE WYSSJ9
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