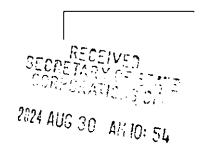
RI SOS Filing Number: 202459155160 Date: 8/30/2024 11:02:00 AM



Department of State - Business Services Division



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

•	f RIGL <u>7-16-11</u> the undersigned I ourpose of changing its resident a		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
00792093	47 PELHAM, LLC		
3. The address of the resid	ent office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 1000 CHA	PEL VIEW BLVD, SUITE 22	20	
City/Town CRANSTON		State RHODE ISLAND	Zip 02920
4. The name of the residen	t agent as PRESENTLY shown ir	the records on file with the R	I Department of State:
PASTER & HARPOOT	ΓΙΑΝ, LTD.		
5. The address of the NEW resident office is:			
Street Address (NOT a P.O Box) 747 AQUIDNECK AVE., SUITE 2E			
City/Town MIDDLETOWN		RHODE ISLAND	Zip 02842
6. The name of the NEW resident agent is:			
NICOLE R. GRAY, CPA			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
	declare and affirm that I have exa and that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
ROBERT KALAIDJIAN			7-25-24
Signature of Authorized Pe	rson of the Limited Liability Comp	pany	•

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 30 2024 BY 5 Z V C L Q.A. 11:02. AM.