	State of Rhode Island Office of the Secretary of State	Fee: \$20.00
	Division Of Business Services	
	148 W. River Street	
1636	Providence RI 02904-2615 (401) 222-3040	
Limited Liability Company	(101) 222 3010	
Statement of Change of Res	sident Agent _aws of Rhode Island, 1956, as amended)	
	SECTION I	
The name of the limited liability	company is	
<u>Et Voila, LLC</u>		
	SECTION II	
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:		
133 OLD TOWER HILL RD. STE	<u>1 WAKEFIELD , RI 02879</u>	
The name of the registered age Secretary of State is:	nt as PRESENTLY shown in the records on fil	le with the Rhode Island
STEPHEN B. KENYON		
	SECTION III	
The NEW address of the resider	it agent is:	
No. and Street: <u>133 OLD TOW</u>	<u>/ER HILL RD.</u>	
SUITE ONE City or Town: WAKEFIELD	State: RI	Zip: <u>02879</u>
The name of the NEW resident	agent is: <u>KENYON LAW ASSOCIA</u>	TES, LLP
SECTION IV		
	ent agent and the change of address of the re ctive upon the filing of this statement.	esident agent, as the
individual or individuals signin the signatory, under penalties of	Der, 2024 at 12:04:23 PM. This electronic so g this instrument constitutes the affirmation of f perjury, that this instrument is that individu and that the facts stated herein are true, as of the Gen. Laws § 7-16.	or acknowledgement of ual's act and deed or the
<u>Et Voila, LLC</u>		

Print Name of Limited Liability Company

ROBERT J. DONNELLY, ESQ.

Signature of Authorized Person

Form No. 642 Revised 09/07

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