



RECEIVED  
SECRETARY OF STATE  
CORPORATION DIVISION  
2024 SEP -3 PM 3:35

**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 001765902		2. Exact Name of the Limited Liability Company Breakwater Counseling LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 131 AIRPORT RD			
City/Town Warwick		State RHODE ISLAND	Zip 02889
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: CASTER CPAS INC.			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOI a P.O. Box) 895 Mendon Rd. Suite D			
City/Town Cumberland		State RHODE ISLAND	Zip 02864
6. The name of the <b>NEW</b> resident agent is: Tiffany Martin			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 Tiffany Martin			Date 08/26/2024
Signature of Authorized Person of the Limited Liability Company <i>Tiffany Martin</i>			

**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**  
SEP 03 2024  
BY *116SV2*  
AA 3:35 PM