RI SOS Filing Number: 202459651220 Date: 9/16/2024 2:55:00 PM

| | g (14am)551. 252 15555 (22. | 5 Date: 6/16/2021 2:00 | .00 1 111 | | |
|------------------------------|--|----------------------------------|------------|--|--|
| State of Rhode Department of | Island of State - Business Servic | ces Division | | | |
| Statement of Cha | nge of Agent GN Business Corporation | LLC | | | |
| → Filing Fee: \$20.00 | 7-16-11 | _ | | | |
| | of RIGL 7-1-2-502 or 7-1-2-140 purpose of changing its registe | | | | |
| 1. Entity ID Number | 2. Exact Name of the Corp | 2. Exact Name of the Corporation | | | |
| 000134946 | Sargent Investmen | Sargent Investments, LLC | | | |
| 3. The address of the reg | istered office as PRESENTLY s | hown in the records on file with | the RI Dep | | |
| Street Address 301 Pron | nenade Street | | | | |
| City/Town Providence | | State RHODE ISLAND | Zip 029 | | |

| 2024 SEP 16 | 118%04800 AUVIEU035 |
|-------------|---|
| PH 2: 5 | 100 00 00 00 00 00 00 00 00 00 00 00 00 |
| CO. | |

| Entity ID Number | 2. Exact Name of the Corpora | 2. Exact Name of the Corporation | | | | |
|---|------------------------------|----------------------------------|----------------------|--|--|--|
| 000134946 | Sargent Investments, LLC | | | | | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | | | | |
| Street Address 301 Promenade Street | | | | | | |
| City/Town Providence | | State RHODE ISLAND | ^{Zip} 02908 | | | |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: | | | | | | |
| Lynn E. Riley, Esq. | | | | | | |
| 5. The address of the NEW registered office is: | | | | | | |
| Street Address (NOT a P.O. Box) 300 Centerville Road, Ste. 300 | | | | | | |
| City/Town Warwick | | State RHODE ISLAND | ^{Zip} 02886 | | | |
| 6. The name of the NEW registered agent is: | | | | | | |
| Jeffrey F. Caffrey, Esc | ļ. | | | | | |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY | | | | | | |
| ✓ Date received (Upon filing) | | | | | | |
| Later effective date (Date must be no more than 30 days from the date of filing) | | | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct. | | | | | | |
| Name of Authorized Officer of the Cerporation H. Jeffrey Baker Date 17/2024 | | | | | | |
| Signature of Authorized Office of the Corporation | | | | | | |

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 1 6 2024

FORM 640 - Vevisor 01/2024