

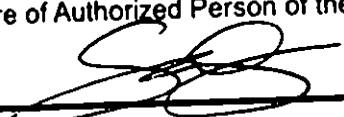
State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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 001759845	2. Exact Name of the Limited Liability Company Painting and Property Experts, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1 Turks Head Pl. FL 11 City/Town Providence State RHODE ISLAND Zip 02903		
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Corporate Service Center Inc		
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 83 Holburn Ave City/Town Cranston State RHODE ISLAND Zip 02910		
6. The name of the NEW resident agent is: Samantha Swanson		
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)		
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.		
Name of Authorized Person of the Limited Liability Company Samantha Swanson		Date 9/18/2024
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

SEP 18 2024

BY 114133
FORM 642 - Revised: 4/2023