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24 SEP 27 AM 9:32:04

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 000793795		2. Exact Name of the Limited Liability Company Bea Spires Designs, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 37 MILL STREET			
City/Town NEWPORT		State RHODE ISLAND	Zip 02840
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: MICHAEL J. MURRAY, ESQ			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 66 RUMSTICK ROAD			
City/Town BARRINGTON		State RHODE ISLAND	Zip 02806-4845
6. The name of the NEW resident agent is: MABEL BEATRICE SPIRES			
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) _____			
<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 MABEL BEATRICE SPIRES			Date 9/ 25/ 2024
Signature of Authorized Person of the Limited Liability Company <i>M. Beatrice Spires</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 27 2024
BY *R. MHP*
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