

State of Rhode Island Department of State - Business Services Division

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Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

Pursuant to the provisions of RIGL 7_16-11 the undersigned limited liability company submits the pulpose of changing its resident agent in the State of Rhode Island: Company	→ Filing Fee: \$20.00				
1. Entity ID Number 2. Exact Name of the Limited Liability Company 2. Exact Name of the RID Department of State: 3. The address of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: CityTown 4. The name of the NEW resident office is: Street Address (NOI a P.O. Box) 4. The address (NOI a P.O. Box) 4. The name of the NEW resident office is: Street Address (NOI a P.O. Box) 4. The name of the NEW resident agent is: TOSHAG CASSIND 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY 1. Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) Later effective date (Date must be no more than 90 days from the date of filing) Later effective date (Date must be no more than 90 days from the date of filing) Chassing Cassing Cassin			nited liability company submits	the	
1. Entity ID Number OGG 9 3 9 CASSIND ROLLY, LCC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 3. College Hill Road Syire State RHODE ISLAND Tip OJSSC 1. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: OLTVIA RYRON 5. The address of the NEW resident office is: Street Address (NOI a PO. Box) 4. To Rescubic Guelage. CityTown CRANSTON 6. The name of the NEW resident agent is: JOSHAR CASSIND 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) Under pensity of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Under pensity of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Under pensity of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Under pensity of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Under pensity of perjury, I declare and affirm that I have examined therein are true and correct. Name of Authorized Person of the Limited Liability Company Name of Authorized Person of the Limited Liability Company					
ASSIND Rolly LCC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address City/Town WARWICK 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: OLTUTA BYROM 5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) 4. To Reservoir Guenus. State RHODE ISLAND Zip OLTUTA BYROM 5. The address (NOI a P.O. Box) 4. To Reservoir Guenus. Cry/Town CRANSON 6. The name of the NEW resident agent is: Josha CASSIND 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing) 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. Date Name of Authorized Person of the Limited Liability Company Date CASSIND	Entity ID Number 2. Exact Name of the Limited Liability Company				
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State. Street Address 3. College Hill Road Suite 35E City/Town WARWICK 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: OLTVIA BYRON 5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) 4 TO Reservoir Guelage. City/Town State RHODE ISLAND Zip 34 10 Chyrrown CRANSON 6. The name of the NEW resident agent is: JOSHUA CASIND 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) Under pensity of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Umder pensity of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Umder pensity of perjury, I declare and affirm that I have examined therein are true and correct. Name of Authorized Person of the Limited Liability Company CASIND	10016 A = 0001	(ASSIND Roulty, L	()		
Street Address 3 Colege Hill Rand Suite State RHODE ISLAND Zip Office 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: OLTVIA RYROM 5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) 480 Reservation Guenne. City/Town CRANSON 6. The name of the NEW resident agent is: Toshua Cassino 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing) 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 Under penalty company, and that all statements contained herein are true and correct. Name of Authorized Person of the Limited Liability Company CASSING Date Date Date	169 37 State: Separation office as PRESENTLY shown in the records on file with the RI Department of State:				
ARNOE ISLAND 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: OLTVIA BYRON 5. The address of the NEW resident office is: Street Address (NOI a PO. Box) 980 Rescrubic Guehre. Chyrown CRANSON 6. The name of the NEW resident agent is: Joshag CASSIND 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY 1. Date received (Upon filing) 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 CASSIND	3. The address of the resident office as the same as t				
City/Town 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: OLTVIA BYRON 5. The address of the NEW resident office is: Street Address (NOI a PO. Box) 980 Rescrubic Guehae. City/Town CRANSON 6. The name of the NEW resident agent is: Joshag CASSIND 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY 1. Date received (Upon filing) 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 CASSINS Date Date	33 College H	Il Road Juite	97E	Zio o o	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: OLTVIA BYRON 5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) 480 Resecubic Guebase. City/Town CRANSON 6. The name of the NEW resident agent is: JOSHAR CASSIND 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) Under pensity 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 Date 8/09/24	City/Town		KHODE ISPAND	. 03886	
5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) 980 Resecubic Guehare. City/Town CRANSTON 6. The name of the NEW resident agent is: Joshac Cassino 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing) 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 Under penalty Company, and that all statements contained herein are true and correct. Name of Authorized Person of the Limited Liability Company Date 8/09/24	WARWICK				
5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) 980 Reservation Guenare. City/Town CRANSTON 6. The name of the NEW resident agent is: Joshan CAssino 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing) 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 Under Date (Date must be no more than 90 days from the date of Change of Resident Agent by the Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Under 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 Under Date (Date March) and that all statements contained herein are true and correct. Date Output Date					
Street Address (NOT a P.O. Box) 980 Reservoir Guehare. City/Town CRANTON 6. The name of the NEW resident agent is: JOShaq CASSIND 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing) 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 United Liability Company, and that all statements contained herein are true and correct. Name of Authorized Person of the Limited Liability Company CASSING ONLY Date Only Date Only	OLIVIA ISYKON				
State RHODE ISLAND City/Town CRANSON 6. The name of the NEW resident agent is: Joshua Cassino 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) Under penelty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Under penelty Company, and that all statements contained herein are true and correct. Name of Authorized Person of the Limited Liability Company CASSINO Date 8/09/24					
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John Carring	Name of Authorized Person of the Limited Liability Company				
Signature of Authorized Person of the Limited Liability Company				3/09/47	
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Month	White				

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 0 9 2024 40 BY YAL SVCF)