



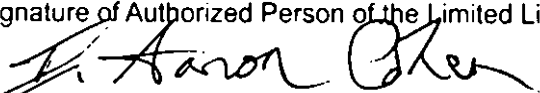
State of Rhode Island
Department of State - Business Services Division

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 154843	2. Exact Name of the Limited Liability Company SCHB LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 50 Park Row West, Suite 107, c/o Vieira and Digianfilippo		
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: Stephen J. Digianfilippo, Esq.		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 3461 South County Trail		
City/Town East Greenwich	State RHODE ISLAND	Zip 02818
6. The name of the NEW resident agent is: John Greim		
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 I. Aaron Cohen, Esq.		Date 10/2/24
Signature of Authorized Person of the Limited Liability Company 		

RECEIVED
STATE DEPT. OF STATE
BUS SVCS DIV
2024 OCT -4 A 10 59
STAMP

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 10:59
OCT 4 2024
BY 966TY
STAMP