



**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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RI DEPT. OF STATE  
BUS SVCS DIV.  
2024 OCT 10 10:13

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 1765129		2. Exact Name of the Limited Liability Company Elite Courier Service LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 222 JEFFERSON BLVD STE 20			
City/Town WARWICK		State RHODE ISLAND	Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: United States Corporation Agents			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1 Willow Glen Circle # 61			
City/Town Warwick		State RHODE ISLAND	Zip 02889
6. The name of the NEW resident agent is: Lynn Gauthier			
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) 07/06/2024			
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 Lynn Gauthier			Date 10/08/2024
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

RI DOS MADE NON-SUBSTANTIVE EDITS

FILED

OCT 10 2024

BY [Signature]  
AA. 10:13AM