



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

REC'D RIDOS BSD
24 OCT 11 PM 12:22:17**STAMP**FOR
SECRETARY OF STATE
USE ONLY

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 910574	2. Exact Name of the Limited Liability Company Dilly LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 47 WOOD AVENUE, SUITE 2		
City/Town BARRINGTON	State RHODE ISLAND	Zip 02806
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: NORTHWEST REGISTERED AGENT, LLC		
5. The address of the NEW resident office is:		
Street Address (<u>NOT</u> a P.O. Box) ONE AUSTIN AVENUE, PO BOX #104		
City/Town GREENVILLE	State RHODE ISLAND	Zip 02828
6. The name of the NEW resident agent is: ADAM FERAGNE		
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 ADAM FERAGNE		Date 10/11/2024
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**STAMP**FOR
SECRETARY OF STATE
USE ONLY

OCT 11 2024

BY P5XVA

AA. 12:25 pm