



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

RECEIVED
STATE
BUSINESS SERVICES DIV.

2024 OCT 28 P 3:30

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 1695023		2. Exact Name of the Limited Liability Company JODIE FROM RHODY, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1481 WAMPANOAG TRAIL			
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02915
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JOSHUA S. SLEPKOW			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 15 MAYFLOWER DRIVE			
City/Town EAST GREENWICH		State RHODE ISLAND	Zip 02818
6. The name of the NEW resident agent is: JOANN NEVILLE			
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 JOANN NEVILLE			Date 10-23-24
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

OCT 28 2024
BY 5C1810
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