



**Statement of Change of Agent**  
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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STATE  
SVCS 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 <b>PRESENTLY</b> 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 <b>PRESENTLY</b> shown in the records on file with the RI Department of State: JOSHUA S. SLEPKOW			
5. The address of the <b>NEW</b> 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 <b>NEW</b> resident agent is: JOANN NEVILLE			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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  
AA 3:31pm