



State of Rhode Island
Department of State - Business Services Division

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24 OCT 29 PM 3:47:44

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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 001336142		2. Exact Name of the Limited Liability Company ROADRUNNER AUTOMOTIVE LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 141 Hartford Ave			
City/Town Woonsocket		State RHODE ISLAND	Zip 02895
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Raymond Bruncault			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 445 St Paul St			
City/Town W. Smithfield		State RHODE ISLAND	Zip 02896
6. The name of the NEW resident agent is: Richard Gentes			
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 Richard Gentes			Date 10/29/24
Signature of Authorized Person of the Limited Liability Company Richard Gentes			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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