

MAIL TO:

**Division of Business Services** 

Phone: (401) 222-3040 Website: www.sos.ri.gov

148 W. River Street, Providence, Rhode Island 02904-2615

## State of Rhode Island Department of State - Business Services Division

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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 <u>7-16-11</u> 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 2. Exact Name of the Limited Liability Company			
1763380 MHP Mechanical Lic			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address			
1 Turks Head Pl. FL 11			
City/Town	State RHODE ISLAND	Zip	
Providence	<u> </u>	02903	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
CORPORATE Services Center Inc.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)			
6 Holmes Rd			
City/Town	State RHODE ISLAND	Zip	
Coventry	KHODE ISLAND	02816	
6. The name of the NEW resident agent is:			
MHP Ptechanical LLC Jorel Cheatlante			
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)			
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	·	Date ,	
Jorel Cheatham tu 11/14/24		11/14/24	
Signature of Authorized Person of the Limited Liability Company			
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