



State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV.
2024 NOV 19 A 9:30

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

no fee Name change

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 1780669		2. Exact Name of the Limited Liability Company Breathe Better Pet Therapy LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 7 Fairway Drive			
City/Town Cranston		State RHODE ISLAND	Zip 02920
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Adrianna Calamita			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 7 Fairway Drive			
City/Town Cranston		State RHODE ISLAND	Zip 02920
6. The name of the NEW resident agent is: Adrianna Sawaia			
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 Adrianna Sawaia			Date 11/19/2024
Signature of Authorized Person of the Limited Liability Company <i>Adrianna Sawaia</i>			

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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