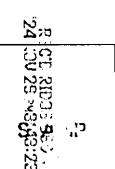
RI SOS Filing Number: 202461381230 Date: 11/29/2024 3:57:00 PM



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

Entity ID Number 2. Exact Nan	rpose of changing its resident agent in the State of Rhode Island: 2. Exact Name of the Limited Liability Company	
000159582 61 pilsud	61 pilsudski st., Ilc	
3. The address of the resident office as PR	ESENTLY shown in the records on file with the	RI Department of State:
Street Address ONE SHIP STREET		
City/Town PROVIDENCE	State RHODE ISLAND	^{Zip} 02903
4. The name of the resident agent as PRES	SENTLY shown in the records on file with the R	I Department of State:
MARC GREENFIELD, ESQ.		
5. The address of the NEW resident office i	s:	
Street Address (NOT a P.O. Box) 58 Wabun Ave		
City/Town Pros; dence	State RHODE ISLAND	2ip 02908
6. The name of the NEW resident agent is:		
Yea-Mo Yan	$\overline{}$	
7. Date when this Statement of Change of I	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)	
	m that I have examined this Statement of Char ements contained herein are true and correct.	ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company		Date
1 Yea-No Yann		11/29/2024
Signature of Authorized Person of the Limit	ed 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

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