



State of Rhode Island
Department of State - Business Services Division

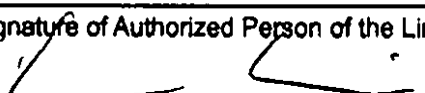
REC'D RIDG BSO
24 DEC 3 PM 12:28:20

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:

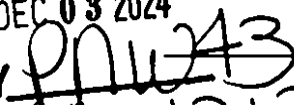
1. Entity ID Number 001755330		2. Exact Name of the Limited Liability Company IT IS WHAT IT IS LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 47 WOOD AVE STE 2			
City/Town BARRINGTON		State RHODE ISLAND	Zip 02806
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: REGISTERED AGENTS INC			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 35 MERINO ST			
City/Town JOHNSTON		State RHODE ISLAND	Zip 02919
6. The name of the NEW resident agent is: CHRISTOPHER MILLS			
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 CHRISTOPHER MILLS			Date 11/8/2024
Signature of Authorized Person of the Limited Liability Company 			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

DEC 03 2024

BY 
AA. 12:29pm
FORM 642 - Revised: 01/2024