



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

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SECRETARY OF STATE
CORPORATION

2024 DEC -3 PM 12: 21

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 001294810		2. Exact Name of the Limited Liability Company Cottaco, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address Silva, Thomas, Martland & Offenberg. LTD. 1100 Aquidneck Ave.			
City/Town Middletown	State RHODE ISLAND	Zip 02842	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: David P. Martland, Esq.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1350 East Main Rd.			
City/Town Portsmouth	State RHODE ISLAND	Zip 02871	
6. The name of the NEW resident agent is: Steven Cotta			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Richard J. Cotta			Date Dec. 18, 2024
Signature of Authorized Person of the Limited 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

FILED

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BY SA15R
AA. 2:35pm.