

State of Rhode Island Department of State - Business Services Division

REC'D RIDGS BSD '24 DEC 26 FM12:18:56

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:		
Entity ID Number 2. Exact Name of the Limited Liability Company		
001774009 Eco funds software 110		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 135 Pilgrim Avenue Apt 25 City/Town Covertry Covert		
COVENTY Y	State RHODE ISLAND	12 02816
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:		
Syed Mubarhar Hussain SR		
5. The address of the NEW resident office is:		
Street Address (NOI a P.O. Box) 135 Pilgrim Avenue Rpt 25 City/Town Coventry State RHODE ISLAND Zip 02816		
Coverty	State RHODE ISLAND	02816
6. The name of the NEW resident agents:		
Syed Muhashar Hussain		
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY		
Date received (Upon filing) 12-26-2024		
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
Syed Mulashar Signature of Authorized Person of the Limited Liability Comp	Hussein	12-26-24
Signature of Authorized Person of the Limited Liability Company		
34.00		
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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 GGKOA