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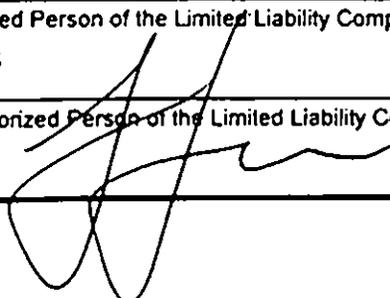


State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Agent**  
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 <b>1710465</b>		2. Exact Name of the Limited Liability Company <b>JBF LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <b>7 COTTAGE STREET, UNIT 3</b>			
City/Town <b>NEWPORT</b>		State <b>RHODE ISLAND</b>	Zip <b>02840</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>JEROD FOOS</b>			
5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) <b>47 WOOD AVE, STE 2</b>			
City/Town <b>BARRINGTON</b>		State <b>RHODE ISLAND</b>	Zip <b>02806</b>
6. The name of the NEW resident agent is: <b>RHODE ISLAND REGISTERED AGENT LLC</b>			
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 <b>JEROD FOOS</b>			Date <b>12/27/2024</b>
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**  
**DEC 27 2024**  
**3:35**  
**BY OFKDH**  
FORM 042 Revised 01/2024  
