		hode Island ecretary of State	No Fee
		usiness Services	
	148 W. R	River Street	
	Providence F	RI 02904-2615	
1636	(401) 2	22-3040	
Limited Liability Compa Statement of Change of (Section 7-16-11(c)(1) of the	Address of the Resid)
	SECTIO	ON I	
The name of the limited liability company is			
Marine Safety Services LLC			
SECTION II			
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:			
<u>47 WOOD AVE. STE 2 BARRINGTON</u> , <u>RI 02806</u>			
SECTION III			
The NEW address of the re	sident agent is:		
No. and Street:	115 OLD FORT RD		
City or Town:	NEWPORT	State: RI	Zip: <u>02840</u>
SECTION IV			
The change of address of the resident agent shall become effective upon the filing of this statement, or on			
(a date not prior to, nor more than 90 days after, filing this Statement)			
Signed this 2 Day of Feb or individuals signing this signatory, under penalties and deed of the company, a filing, in compliance with b	instrument constitutes th of perjury, that this instru and that the facts stated h	e affirmation or acknowle ument is that individual's	edgement of the act and deed or the act
DONALD F GUNNING			
Signature of Resident Agent			
Form No. 642			

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