

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

-> Filing Fee: \$29.00 NO Fee

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:

2025 FEB -3 PH 12: 18

1. Entity ID Number	2. Exact Name of the Limited Liab	pility Company	
001702446			
	İ		
3. The address of the reside	ent office as PRESENTLY shown in t	he records on file with the	RI Department of State:
Street Address 226 Kane A	venue		
City/Town Middletown		te RHODE ISLAND	Zip 02842
 The name of the resident Jeffrey Simpson 	agent as PRESENTLY shown in the	records on file with the R	Department of State:
5. The address of the NEW	resident office is:		
Street Address (NOT a P.O. Bo	x) 107 Old Orchard Beach Rd	APT 3	· · · · · · · · · · · · · · · · · · ·
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City/Town Newport	Sta	te	Zip 02840
•		RHODE ISLAND	
6. The name of the NEW re	sident agent is:		
Jeffrey Simpson			
Jeffrey Simpson	A of Oh and a final A A and a will be	OUEOV ONE	TOY ONLY
Jeffrey Simpson 7. Date when this Statemer	t of Change of Resident Agent will be	e effective: CHECK ONE E	BOX ONLY
Jeffrey Simpson 7. Date when this Statemer Date received (Upon fi	ling)		BOX ONLY
7. Date when this Statemer Date received (Upon fine Later effective date (D	ling) ate must be no more than 90 days fro	om the date of filing)	
7. Date when this Statemer Date received (Upon fine Later effective date (Dunder penalty of perjury, I described)	ling) ate must be no more than 90 days fro leclare and affirm that I have examine	om the date of filing)ed this Statement of Chan	
Jeffrey Simpson 7. Date when this Statemer Date received (Upon fine Later effective date (Dunder penalty of perjury, I continued Liability Company, I co	ling) ate must be no more than 90 days fro leclare and affirm that I have examina and that all statements contained her	om the date of filing)ed this Statement of Chan	ge of Resident Agent by the
7. Date when this Statemer 7. Date when this Statemer Date received (Upon final Later effective date (Down of Limited Liability Company, and Name of Authorized Person	ling) ate must be no more than 90 days fro leclare and affirm that I have examine	om the date of filing)ed this Statement of Chan	ge of Resident Agent by the
Jeffrey Simpson 7. Date when this Statemer Date received (Upon fine Later effective date (Dunder penalty of perjury, I continued Liability Company, I co	ling) ate must be no more than 90 days fro leclare and affirm that I have examina and that all statements contained her	om the date of filing)ed this Statement of Chan	ge of Resident Agent by the
Jeffrey Simpson 7. Date when this Statemer Date received (Upon final Later effective date (Double of Perjury, 1 of Limited Liability Company, 2 of Name of Authorized Person David Simpson	ling) ate must be no more than 90 days from the lectare and affirm that I have examine and that all statements contained here of the Limited Liability Company	om the date of filing)ed this Statement of Changein are true and correct.	ge of Resident Agent by the
Jeffrey Simpson 7. Date when this Statemer Date received (Upon final Later effective date (Double of Perjury, 1 of Limited Liability Company, 2 of Name of Authorized Person David Simpson	ling) ate must be no more than 90 days fro leclare and affirm that I have examina and that all statements contained her	om the date of filing)ed this Statement of Changein are true and correct.	ge of Resident Agent by the

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 <u>S15157</u>

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