

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 <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:		
1. Entity ID Number 2. Exact Name of the Limited Liability Company		
1701778. Team Bold Music Auto Services LU		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 39 Bothbane ST		
City/Town Providence.	State RHODE ISLAND	2ip 02908
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:		
Juan Beynaldo Paul Orlega		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box)		
39 Bothbone st		
Providence.	RHODE ISLAND	Z ip
6. The name of the NEW resident agent is:		
Jesus miquel Paul Oxfega.		
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY		
Date received (Upon filing)		
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
Juan Regnaldo Paul Orlega Signature of Authorized Person of the Limited Liability Company		02 - 14 - 2025
Signature of Authorized Person of the Limited Liability Company		
Juan R Daul Antega.		

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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