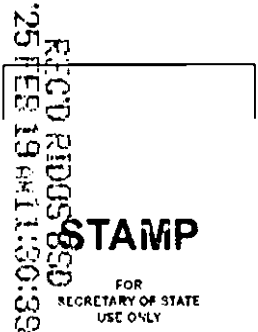




State of Rhode Island
Department of State - Business Services Division



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 001752886		2. Exact Name of the Limited Liability Company Crystal Clear Marketing LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 16 DORRANCE ST #700			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Corporate Creations Network Inc.			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 21 Parkis Ave APT 2			
City/Town Providence		State RHODE ISLAND	Zip 02907
6. The name of the NEW resident agent is: Crystal Cordones			
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 Crystal Cordones			Date 2/19/25
Signature of Authorized Person of the Limited Liability Company 			

RI DOS MADE NON-SUBSTANTIVE EDITS

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 11:30
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BY 24 ZLP
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