RI SOS Filing Number: 202565153030 Date: 2/18/2025 3:36:00 PM



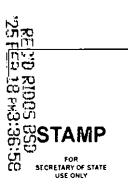
State of Rhode Island

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:		
Entity ID Number 2. Exact Name of the Limited Liability Company		
001782253 CABRERA HOME SOLUTIONS LIC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 47 WOOD AVE, STE 2		
City/Town BARRINGTON	State RHODE ISLAND Zip	02806
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:		
NORTHWEST REGISTERED AGENT LLC		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 127 Chester Ave F/1		
City/Town Prosidence	RHODE ISLAND Zip	02907-1209
6. The name of the NEW resident agent is:		
ANTONIO C. CABRERA		_
7. Date when this Statement of Change of Resident Agent w	ill be effective: CHECK ONE BOX (ONLY
7. Date when this Statement of Change of Resident Agent w Date received (Upon filing)		ONLY
7. Date when this Statement of Change of Resident Agent w Date received (Upon filing) Later effective date (Date must be no more than 90 day	s from the date of filing)	
7. Date when this Statement of Change of Resident Agent w Date received (Upon filing)	s from the date of filing)	
7. Date when this Statement of Change of Resident Agent we Date received (Upon filing) Later effective date (Date must be no more than 90 day Under penalty of perjury, I declare and affirm that I have exact Limited Liability Company, and that all statements contained Name of Authorized Person of the Limited Liability Company	s from the date of filing) mined this Statement of Change of herein are true and correct.	Resident Agent by the
7. Date when this Statement of Change of Resident Agent w Date received (Upon filing) Later effective date (Date must be no more than 90 day Under penalty of perjury, I declare and affirm that I have exa Limited Liability Company, and that all statements contained	s from the date of filing) mined this Statement of Change of herein are true and correct.	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 3/36

FEB 18, 2025

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