RI SOS Filing Number: 202565807500 Date: 2/25/2025 10:45:00 AM

State of Rhode Island  Department of State - Business Services Division		253
Statement of Change of Agent DOMESTIC or FOREIGN Limited Liability Compar	ny	5 FEB 25
→ 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     Exact Name of the Limited Liability Company		
99163796 ()ປາ (ຟລາວພ Pooch Parlor, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 2374 PUSH LAND SHE 105		
City/Town WARUUL	State RHODE ISLAND	zir 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:		
DANTE J. GIAMMARCO, ESQ.		
5. The address of the <b>NEW</b> resident office is:		
Street Address (NOT a P.O. Box) 577 Kingstown Road		
City/Town Wakefield	State RHODE ISLAND	<sup>Zip</sup> 02879
6. The name of the NEW resident agent is:		
Jennifer Sousa		
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	y	Date
Jennifer Sousa, Member 2/11/25		2/11/28
Signature of Authorized Person of the Limited Liability Company		

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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FORM 642 - Revised: 01/2024