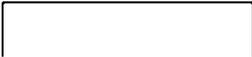




State of Rhode Island
Department of State - Business Services Division



Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

STAMP

2025 MAR -3 P 12:08
RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV.
FOR SECRETARY OF STATE
USE ONLY

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 001716193		2. Exact Name of the Limited Liability Company Virtual Oasis Solutions, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 555 N. Main Street, #1059			
City/Town Providence		State RHODE ISLAND	Zip 02904
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Jessica Paquette			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 555 N. Main Street, #1059			
City/Town Providence		State RHODE ISLAND	Zip 02904
6. The name of the NEW resident agent is: Jessica Bankston			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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 Jessica Bankston			Date March 1st. 2025
Signature of Authorized Person of the Limited Liability Company <i>Jessica Bankston</i>			

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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STAMP
MAR 03 2025
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