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

FOR SECRETARY OF STATE USE ONLY

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BUS SVCS DIV

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	2. Exact Name of the Limited Liability Company
001716193	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**

☑ 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
Jessica Bankston	March 1st. 2025

Signature of Authorized Person of the Limited Liability Company

Jessica Bankston

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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MAR 03 2025
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