RI SOS Filing Number: 202566593790 Date: 3/7/2025 2:16:00 PM



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 G1 LY

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 2. Exact Name of the Limited Liability Company 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address City/Town 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: 1. The address of the NEW resident office is: Street Address (NOI a PO, Box) City/Town State City/Town State RHODE ISLAND Zip Zip Zip Zip Zip Zip Zip Zi
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address City/Town 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: UNITED SHARE (OVPOIGHED) 5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) City/Town State RHODE ISLAND Zip City/Town State RHODE ISLAND Date received (Upon filing)
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address City/Town City/Town 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Orporation 5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) City/Town State City/Town State RHODE ISLAND Zip Zip Zip City/Town State RHODE ISLAND Zip City/Town State City/Town State City/Town State City/Town State City/Town Date received (Upon filing)
Street Address City/Town WG r Iv (U) 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: United State RHODE ISLAND 5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) City/Town State RHODE ISLAND City/Town State RHODE ISLAND Zip Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing)
City/Town State RHODE ISLAND Zip 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: OVPOIGHON 5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) City/Town City/Town State RHODE ISLAND Zip Zip Zip Zip City/Town State RHODE ISLAND Zip Zip Zip Zip Zip Zip Zip Zi
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Composition Co
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: \[\text{VITED State} \text{COVPOIGHON AGENT.} \text{The CONTROL State} \] 5. The address of the NEW resident office is: \[\text{Street Address (NOT a P.O. Box)} \\ \text{City/Town} \\ \text{State} \\ \text{RHODE ISLAND} \\ \text{Zip} \\ \text{23} \\ \text{6. The name of the NEW resident agent is:} \\ \text{The rame of the NEW resident agent agent is:} \\ \text{The Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY} \\ \text{Date part of the Date received (Upon filing)}
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) City/Town State RHODE ISLAND The name of the NEW resident agent is: The name of the NEW resident agent is: The name of the NEW resident agent is: The place of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing)
Street Address of the NEW resident office is: Street Address (NOT a P.O. Box) City/Town State RHODE ISLAND Zip 2 83 6 6. The name of the NEW resident agent is: The Cost form of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing)
City/Town State RHODE ISLAND State RHODE ISLAND City/Town State RHODE ISLAND State RHODE ISLAND City/Town State RHODE
State RHODE ISLAND Zip 02836. 6. The name of the NEW resident agent is: Therese (Course of Resident Agent will be effective: CHECK ONE BOX ONLY) Date received (Upon filing)
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing)
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing)
Date received (Upon filing)
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Later effective date (Date must be no more than 90 days from the date of filing)
Later elective date (Date must be no more than 30 days from the date of filling)
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
Theres lewis 03-9-2025
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

