



State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

2025 MAR -6 PH 2:10

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

LLC
7-16-11

Pursuant to the provisions of RIGL ~~7-1-2-502~~ or ~~7-1-2-1499~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 000898584		2. Exact Name of the Corporation LLC Consolidated Mutual Group LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 116 Orange St.			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Marc A. Greenfield Esq.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 69 R Fort Avenue			
City/Town Cranston		State RHODE ISLAND	Zip 02905
6. The name of the NEW registered agent is: Raymond Mooney			
7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation LLC Derek Patience, Manager			Date 3/3/25
Signature of Authorized Officer of the Corporation LLC 			

MAIL TO:

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

