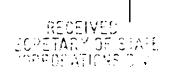
RI SOS Filing Number: 202566606940 Date: 3/6/2025 2:10:00 PM



## State of Rhode Island

**Department of State - Business Services Division** 



**Statement of Change of Agent** 

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

7-16-11

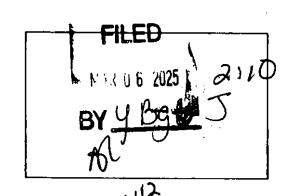
2025 MAR -6 PH 2: 10

Pursuant to the provisions of RIGL <u>7-1-2-502</u> or <u>7-1-2-1409</u> 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 2. Exact Name of the Corporation LLC		
00898584 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.		
Providence	State RHODE ISLAND	02903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:		
Marc A. Green Field Esq.		
5. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box)  69 R Fort Dense  City/Town  Cranston  State RHODE ISLAND  02905		
City/Town	State RHODE ISLAND	Zip_
	THIOBE IDEANS	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		
☑ Date received (Upon filing)		
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	-	Date
Signature of Authorized Officer of the Cerporation LCC		3/3/25
Signature of Authorized Officer of the Cerporation LLC		

**MAJL TO:** 

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM (##) - Revised: 01/2024