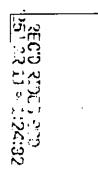


State of Rhode Island Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



Pursuant to the provisions of RIGL 7-1,2-502 or 7-1,2-1409 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 001761434 Single Use Support, Inc. 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 JEFFERSON BOULEVARD, SUITE 200 City/Town WARWICK State RHODE ISLAND 02888 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: CAPITOL CORPORATE SERVICES, INC. 5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A Zip 02914 State RHODE ISLAND City/Town East Providence 6. The name of the NEW registered agent is: C T Corporation System 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. Date Name of Authorized Officer of the Corporation 3/7/2025 | 7:24 PM CET Christopher Dürolf Signature of the Corporation

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

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