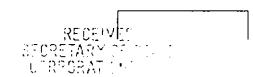
RI SOS Filing Number: 202566941230 Date: 3/6/2025 2:09:00 PM



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

2025 MAR -6 PH 2: 09

	s of RIGL <u>7-16-11</u> the undersigned e purpose of changing its resident a			
1. Entity ID Number	2. Exact Name of the Limited	2. Exact Name of the Limited Liability Company		
001670248	West Extension LLC	West Extension LLC		
3. The address of the res	sident office as PRESENTLY show	n in the records on file with the	RI Department of State:	
Street Address 55 Memo	orial Boulevard			
City/Town Newport		State RHODE ISLAND	^{Zip} 02840	
4. The name of the resid	ent agent as PRESENTLY shown i	n the records on file with the R	I Department of State:	
Gregory Fater				
5. The address of the NE				
	Box) 49 Holland Street			
City/Town Newport		State RHODE ISLAND	^{Zip} 02840	
6. The name of the NEW	resident agent is:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
James Blumei				
7. Date when this Statem	nent of Change of Resident Agent v	will be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upon	n filing)		· · · · · · · · · · · · · · · · · · ·	
Later effective date	(Date must be no more than 90 da	ys from the date of filing)		
	I declare and affirm that I have exa y, and that all statements contained		ge of Resident Agent by the	
Name of Authorized Person of the Limited Liability Company			Date	
James Blumel			3/05/2025	
Signature of Authorized F	Person of the Limited Liability Comp	pany		
	(YYIA)			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 0 62025 2509

BY 2003