



State of Rhode Island  
Department of State - Business Services Division

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CORPORATION

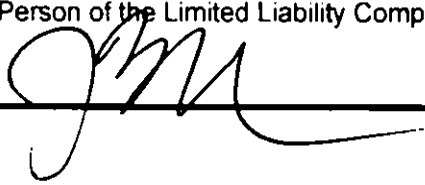
**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

2025 MAR -6 PM 2:09

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

|                                                                                                                                                                                                                 |  |                                                                             |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--------------------------|
| 1. Entity ID Number<br><b>001670248</b>                                                                                                                                                                         |  | 2. Exact Name of the Limited Liability Company<br><b>West Extension LLC</b> |                          |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address <b>55 Memorial Boulevard</b>                                          |  |                                                                             |                          |
| City/Town <b>Newport</b>                                                                                                                                                                                        |  | State <b>RHODE ISLAND</b>                                                   | Zip <b>02840</b>         |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Gregory Fater</b>                                                                     |  |                                                                             |                          |
| 5. The address of the <b>NEW</b> resident office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>49 Holland Street</b>                                                                                        |  |                                                                             |                          |
| City/Town <b>Newport</b>                                                                                                                                                                                        |  | State <b>RHODE ISLAND</b>                                                   | Zip <b>02840</b>         |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>James Blumel</b>                                                                                                                                         |  |                                                                             |                          |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                            |  |                                                                             |                          |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                 |  |                                                                             |                          |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____                                                                                                 |  |                                                                             |                          |
| 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<br><b>James Blumel</b>                                                                                                                               |  |                                                                             | Date<br><b>3/05/2025</b> |
| Signature of Authorized Person of the Limited Liability Company<br>                                                          |  |                                                                             |                          |

**MAIL TO:**

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

**FILED**

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