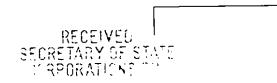
RI SOS Filing Number: 202567014500 Date: 3/11/2025 8:43:00 AM



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 11 AM 8: 43

Entity ID Number	purpose of changing its resident a 2. Exact Name of the Limited	2. Exact Name of the Limited Liability Company		
001782825	Miskiania Trail LLC	Miskiania Trail LLC		
3. The address of the res	ident office as PRESENTLY shown	n in the records on file with the	RI Department of State:	
Street Address 4060 Pos	t Road			
City/Town Warwick		State RHODE ISLAND	^{Zip} 02886	
4. The name of the reside	ent agent as PRESENTLY shown in	n the records on file with the RI	Department of State:	
O'Leary Murphy, LLC	;			
5. The address of the NE	W resident office is:			
Street Address (NOT a P.O.	Box) 97 John Clarke Road		_	
City/Town Middletown		RHODE ISLAND	^{Zip} 02841	
6. The name of the NEW	resident agent is:			
William W. Harvey E	sq., Inc.			
7. Date when this Statem	ent of Change of Resident Agent v	vill be effective: CHECK ONE	BOX ONLY	
·				
✓ Date received (Upor		us from the date of filipal		
	(Date must be no more than 90 da	ys from the date of filling)		
Later effective date Under penalty of perjury.	I declare and affirm that I have exa	amined this Statement of Chan	ge of Resident Agent by the	
Later effective date Under penalty of perjury, Limited Liability Compan	·	amined this Statement of Chan d herein are true and correct.	ge of Resident Agent by the	
Under penalty of perjury, Limited Liability Companion Name of Authorized Personal Liability Companion (Liability Companion)	I declare and affirm that I have exa y, and that all statements contained	amined this Statement of Chan d herein are true and correct.		
Under penalty of perjury, Limited Liability Compan Name of Authorized Pers Matthew Betts	I declare and affirm that I have exa y, and that all statements contained on of the Limited Liability Compan	amined this Statement of Chan d herein are true and correct. y		
Under penalty of perjury, Limited Liability Compan Name of Authorized Pers Matthew Betts	I declare and affirm that I have exa y, and that all statements contained	amined this Statement of Chan d herein are true and correct. y		

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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