



State of Rhode Island
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV


Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

2025 MAR 12 PM 2:04

→ 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 001721853	2. Exact Name of the Limited Liability Company Take off to Paradise Vacations, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 2222 Jefferson Blvd., Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: United States Corporation Agents, Inc		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 2051 Mineral Spring Avenue		
City/Town North Providence	State RHODE ISLAND	Zip 02911
6. The name of the NEW resident agent is: Ashley Minassian		
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY		
<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 Ashley Minassian		Date 3/8/2025
Signature of Authorized Person of the Limited Liability Company 		

MAIL TO:

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

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