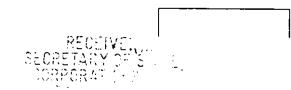
RI SOS Filing Number: 202567031110 Date: 3/6/2025 2:08:00 PM



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 49 8 6 18 7 2: 08

Pursuant to the provisions of RIGL <u>7-16-11</u> 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 2. Exact Name of the Limited	
000/52623 SITE SPEC	· · · · · · · · · · · · · · · · · · ·
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 55 CEDAR STR	EET SUITE 100
City/Town PROVIDENCE	State RHODE ISLAND Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:	
MATTHEW DEMPSEY	
5. The address of the <b>NEW</b> resident office is:	
Street Address (NOI a P.O. Box) 55 Cutive St., Suite 100	
Providence.	State RHODE ISLAND Zip 12903
6. The name of the <b>NEW</b> resident agent is:	
PETER CRUMP	
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY	
Date received (Upon filing)	
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 Compan	Date , ,
PETER CRUMP	02/10/2025
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 FILED

MAR 0 & 2025

BY ZaFOR Zid8

FORM 642 - Revised: 01/2024