



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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 AMP
 FOR SECRETARY OF STATE
 USE ONLY

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ 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 1773073	2. Exact Name of the Limited Liability Company Macabu llc		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1165 ELMWOOD AVE			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02907	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JOSE TAVERAS			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 164 tennyson Road			
City/Town Warwick	State RHODE ISLAND	Zip 02883	
6. The name of the NEW resident agent is: Johan Reyes			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Mayra Kaiser B			Date 03-18-25
Signature of Authorized Person of the Limited Liability Company Mayra Kaiser			

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
STAMP
MAR 18 2025
 BY **E. V. [Signature]**
AA. I. [Signature]