



State of Rhode Island  
Department of State - Business Services Division

REC'D RHODES BSD  
25 MAR 2025 10:08:50

### Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|                                                                                                                                                                                                    |  |                                                      |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|------------------------|
| 1. Entity ID Number<br><b>001700862</b>                                                                                                                                                            |  | 2. Exact Name of the Corporation<br><b>JNN, Inc.</b> |                        |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                          |  |                                                      |                        |
| Street Address<br><b>2447 Pawtucket Ave.</b>                                                                                                                                                       |  |                                                      |                        |
| City/Town<br><b>East Providence</b>                                                                                                                                                                |  | State<br><b>RHODE ISLAND</b>                         | Zip<br><b>02914</b>    |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>David A. Dipalma, esq/cpa</b>                                          |  |                                                      |                        |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                             |  |                                                      |                        |
| Street Address ( <b>NOT</b> a P.O. Box)<br><b>6 Blackstone Place ste 107</b>                                                                                                                       |  |                                                      |                        |
| City/Town<br><b>Lincoln</b>                                                                                                                                                                        |  | State<br><b>RHODE ISLAND</b>                         | Zip<br><b>02865</b>    |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>Erica Hope Guatieri CPA, LLC</b>                                                                                                          |  |                                                      |                        |
| 7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____                                                                                    |  |                                                      |                        |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct |  |                                                      |                        |
| Name of Authorized Officer of the Corporation<br><b>Joseph Bakleh</b>                                                                                                                              |  |                                                      | Date<br><b>3/20/25</b> |
| Signature of Authorized Officer of the Corporation<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**

**MAR 20 2025**

BY **49510**

**MA. 10:08 AM**

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