|  | State of Rhoo<br>Office of the Secr |               | No Fee            |
|--|-------------------------------------|---------------|-------------------|
|  | Division Of Busir                   | less Services |                   |
|  | 148 W. Rive                         | r Street      |                   |
|  | Providence RI 0                     |               |                   |
| 1630   | (401) 222-                          | 3040          |                   |
| Limited Liability Company<br>Statement of Change of Address of the Resident Agent<br>(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)   |                                     |               |                   |
|  | SECTION                             | l             |                   |
| The name of the lin  | nited liability company is          |               |                   |
| Spring Forth Dog S   | ervices LLC                         |               |                   |
| SECTION II   |                                     |               |                   |
| The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:   |                                     |               |                   |
| <u>47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806</u>   |                                     |               |                   |
| SECTION III  |                                     |               |                   |
| The NEW address o  | of the resident agent is:           |               |                   |
| No. and Street:  | 700 NARRAGANSETT PARK               | <u>DR</u>     |                   |
| City or Town:  | <u>STE 100</u><br><u>PAWTUCKET</u>  | State: RI     | Zip: <u>02861</u> |
| SECTION IV   |                                     |               |                   |
| The change of address of the resident agent shall become effective upon the filing of this statement, or on $3/21/2025$ (a date not prior to, nor more than 90 days after, filing this Statement)  |                                     |               |                   |
| <b>Signed this 21 Day of March, 2025 at 5:40:37 AM.</b> This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16. |                                     |               |                   |
| ROBIN JONES<br>Signature of Reside   | ent Agent                           |               |                   |
|  |                                     |               |                   |

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 21, 2025 05:39 AM

Areg M. Couve

Gregg M. Amore Secretary of State

