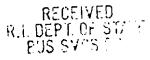
RI SOS Filing Number: 202568787160 Date: 3/28/2025 11:00:00 AM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



2025 EAR 28 A II: 00

Pursuant to the provisions of R following statement for the pur			
1 Entity ID Number	pose of changing its resident agent in the State of Rhode Island: 2. Exact Name of the Limited Liability Company		
001661688	Just B-Cause LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State.			
Street Address 34 Young St 55 Memorial Boulevard			
City/Town Newport		State RHODE ISLAND	^{Zıp} 02840
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Gregory F. Fater, Esq			
5. The address of the NEW resident office is:			
Street Address (NOT a PO. Box) 34 Young St			
City/Town Newport		RHODE ISLAND	^{Zip} 02840
6. The name of the NEW resident agent is:			
Christine Eagan			
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 Company			Date
Christine Eagan			03/24/2025
Signature of Authorized Person of the Limited Liability Company			
Che Co			

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 2.8 2025 NOV BY 19457