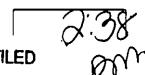
RI SOS Filing Number: 202569014300 Date: 4/3/2025 2:38:00 PM



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Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filling Fee: \$20.00

APR 0 3 2025TAMP

Entity ID Number 2. Exact Name of the Limited Liability Company				
001700665	Brittco LLC	Brittco LLC		
3. The address of the re-	sident office as PRESENTLY show	n in the records on file with the	RI Department of State:	
Street Address 3970 Fla	t River Road			
City/Town Coventry		State RHODE ISLAND	^{Zip} 02893	
4. The name of the resid	ent agent as PRESENTLY shown i	n the records on file with the R	Department of State:	
BRITTANY AUGUS	TINE			
5. The address of the NE	EW resident office is:			
Street Address (<u>NOT</u> a P.O	Box) 655 Mendon Road			
City/Town Cumberland		State RHODE ISLAND	^{Zrp} 02864	
6. The name of the NEW	resident agent is:		*	
5				
Marlene Marshall	ent of Change of Resident Agent v	vill be effective: CHECK ONE	BOX ONLY	
Marlene Marshall	nent of Change of Resident Agent v	vill be effective: CHECK ONE E	BOX ONLY	
Mariene Marshall 7. Date when this Statem Oate received (Upon			BOX ONLY	
Mariene Marshall 7. Date when this Statem Date received (Upon Later effective date Under penalty of penury.	n filing) (Date must be no more than 90 da I declare and affirm that I have ext	ys from the date of filing)		
Mariene Marshall 7. Date when this Statem Date received (Upon Later effective date Under penalty of penury, Limited Liability Compan	n filing) (Date must be no more than 90 da I declare and affirm that I have ext y, and that all statements contained	ys from the date of filing) imined this Statement of Chan I herein are true and correct.	ge of Resident Agent by the	
Mariene Marshall 7. Pate when this Statem Oate received (Upolicater effective date Under penalty of penury, Limited Liability Compan Name of Authorized Pers	n filing) (Date must be no more than 90 da I declare and affirm that I have ext y, and that all statements contained ion of the Limited Liability Compan	ys from the date of filing) imined this Statement of Chan I herein are true and correct.		
Mariene Marshall 7. Date when this Statem Date received (Upon Later effective date Under penalty of penjury, Limited Liability Compan Name of Authorized Pers Marlene Marshall, au	n filing) (Date must be no more than 90 da I declare and affirm that I have ext y, and that all statements contained ion of the Limited Liability Compan	ys from the date of filing) nmined this Statement of Chang I herein are true and correct.	ge of Resident Agent by the	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov **STAMP**

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