



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 APR 3 PM 2:38:34

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**Statement of Change of Agent**  
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

APR 03 2025  
BY UNSA TAMP  
FOR SECRETARY OF STATE

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 001700665		2. Exact Name of the Limited Liability Company Brittco LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 3970 Flat River Road			
City/Town Coventry		State RHODE ISLAND	Zip 02893
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: BRITTANY AUGUSTINE			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 655 Mendon Road			
City/Town Cumberland		State RHODE ISLAND	Zip 02864
6. The name of the NEW resident agent is: Marlene Marshall			
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) _____			
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 Marlene Marshall, authorized signor			Date 4/7/25
Signature of Authorized Person of the Limited Liability Company <u>Marlene Marshall</u> , authorized signor			

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

FOR  
SECRETARY OF STATE  
USE ONLY