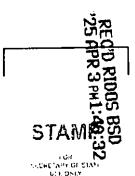
RI SOS Filing Number: 202569029700 Date: 4/3/2025 1:40:00 PM



State of Rhode Island Department of State - Rusiness Serv

Department of State - Business Services Division



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

	RIGL <u>7-16-11</u> the undersigned li pose of changing its resident a		
Entity ID Number	2. Exact Name of the Limited Liability Company		
000238678	AIM PRODUCTS LLC		
3. The address of the residen	I	In the records on file with the	Ri Department of State:
Street Address 450 Veterans Memorial Parkway, Suite 7A			
Clty/Town East Providence		State RHODE ISLAND	Zip 02914
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
C T Corporation System			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		RHODE ISLAND	Zip 02914
6. The name of the NEW res	ldent agent is:		
National Registered Agents, Inc.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
X 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 - 2 APR 2025
Vincent Allard			- / AFR 2023
Signature of Authorized Person of the Limited Liability Company			
///	\		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov APR 0 3 2025

FILED

STAMP

BY YTd3N

19