RI SOS Filing Number: 202569977380 Date: 4/14/2025 10:32:00 AM



MAIL TO:

Division of Business Services

Phone: (401) 222-3040 Website: www.sos.ri.gov

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

State of Rhode Island **Department of State - Business Services Division**

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned	
following statement for the purpose of changing its resident at 1. Entity ID Number 2. Exact Name of the Limited	
1749673 The Remova.	
3. The address of the resident office as PRESENTLY shows	n in the records on file with the RI Department of State:
Street Address /O	Durrance St #700
City/Town Providence	State RHODE ISLAND 2ip 02903
4. The name of the resident agent as PRESENTLY shown i	in the records on file with the RI Department of State:
Corporate Creations Netw	ivik Inc.
5. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 560 Mendon Rd	
City/Town WUDNIOCKet, R. I	State RHODE ISLAND 2ip 0 2 8 9 5
6. The name of the NEW resident agent is:	
Kyle Phetsayakoth	
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 da	ays from the date of filing) 4/1/25
Under penalty of perjury, I declare and affirm that I have ex- Limited Liability Company, and that all statements contains	camined this Statement of Change of Resident Agent by the
Name of Authorized Person of the Limited Liability Compan	ny Date
Kyle Phetsayakoth	4/1/25
Signature of Authorized Person of the Limited Liability Com	npany
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	FILED