



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 APR 14 AM 10:30:45

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 1749673		2. Exact Name of the Limited Liability Company The Removal Guy LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 500 Broad St 10 Durrance St #700			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Corporate Creations Network Inc.			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 560 menden Rd			
City/Town Woonsocket, R.I		State RHODE ISLAND	Zip 02895
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 days from the date of filing) 4/1/25			
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 Kyle Phetsayakoth			Date 4/1/25
Signature of Authorized Person of the Limited Liability Company Kyle Phet			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

APR 14 2025
BY **dZHBW**
1032 **KJ**