



State of Rhode Island
Department of State - Business Services Division

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2025 APR 14 P 4:03

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL ~~7-1.2-502~~ or ~~7-1.2-1409~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 001764746	2. Exact Name of the Corporation MRB AGENCY LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 36 SMITH AVE		
City/Town GREENVILLE	State RHODE ISLAND	Zip 02828
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: JONATHAN L. UCRAN CPA		
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 1410 TARKILN RD		
City/Town HARRISVILLE	State RHODE ISLAND	Zip 02830
6. The name of the NEW registered agent is: MICHAEL BEAULIEU		
7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____		
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.		
Name of Authorized Officer of the Corporation MICHAEL BEAULIEU		Date 4-10-2025
Signature of Authorized Officer of the Corporation		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY ETCIF

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FORM 640 - Revised 01/2024

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