	hode Island Fee: \$20.00 ecretary of State
Division Of B	usiness Services
148 W. R	Liver Street
Providence F	RI 02904-2615
1636 (401) 2	22-3040
Limited Liability Company Statement of Change of Resident Agent (Section 7-16-11 of the General Laws of Rhode Island, 1956, as amended)	
SECTION	Ι ΝΟ
The name of the limited liability company is	
JABRYFIN, LLC	
SECTION II	
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:	
90 ELM STREET PROVIDENCE , RI 02903	
The name of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:	
ROBERT N. GAUMONT	
SECTION III	
The NEW address of the resident agent is:	
No. and Street: 225 DYER STREET, 2ND FLOO	R
City or Town: <u>PROVIDENCE</u>	State: RI Zip: <u>02903</u>
The name of the NEW resident agent is:	CHRISTOPHER DOVIDIO
SECTION IV	
The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.	
Signed this 21 Day of April, 2025 at 11:00:17 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.	
JABRYFIN, LLC	

Print Name of Limited Liability Company

CHRISTOPHER DOVIDIO Signature of Authorized Person

Form No. 642 Revised 09/07

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