



State of Rhode Island  
Department of State - Business Services Division

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**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 <b>001720294</b>	2. Exact Name of the Limited Liability Company <b>Devocean Tours, LLC</b>		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>40 WESTMINSTER ST., SUITE 201</b>			
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>SULLOWAY &amp; HOLLIS</b>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>22 HALSEY ST., UNIT 5</b>			
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02906</b>	
6. The name of the NEW resident agent is: <b>KEVIN CAIN (CAIN LAW OFFICES)</b>			
7. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <b>Dennis J. Connelly, Member</b>			Date <b>4/16/2025</b>
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.ri.gov

**FILED**

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 BY KW STJ  
