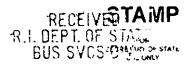
RI SOS Filing Number: 202572752620 Date: 5/5/2025 2:28:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



2025 HAY -5 P 2: 28

Pursuant to the provisions of Rifollowing statement for the pur	tIGL <u>7-16-11</u> the undersigned lipose of changing its resident a	mited liability company submit gent in the State of Rhode Isla	s the nd:
Entity ID Number	2. Exact Name of the Limited Liability Company		
001739069	7380 Post Road Investors, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State.			
Street Address 300 Centerville Road Summit West, Suite 300			
City/Town Warwick		State RHODE ISLAND	^{Zip} 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Sanford J. Resnick			
5. The address of the NEW resident office is.			
Street Address (NOT a P.O. Box) 17 Arnold Street			
City/Town Wakefield		RHODE ISLAND	^{Zip} 02879
6. The name of the NEW resident agent is.			
Scot V. Hallberg			
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)			
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 Date			
Scot V. Hallberg 5/1/2			5/1/25
Signature of Authorized Person of the Limited Liability Company			
Juny			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

