RI SOS Filing Number: 202574170990 Date: 5/30/2025 12:50:00 PM

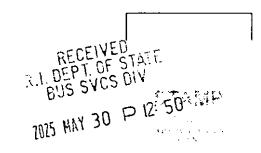


State of Rhode Island Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



•	RIGL <u>7-16-11</u> the undersigned I rpose of changing its resident a	, , ,	
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001719833	Zeke LLC, LLC		
3. The address of the resider	nt office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 85A Beach S	Street		
City/Town Westerly		State RHODE ISLAND	^{Z_{ip}} 02891
4. The name of the resident a	agent as PRESENTLY shown in	the records on file with the R	Department of State:
The Law Office of Maria	Piro Fusaro, LLC		
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 85A Beach Street			
City/Town Westerly		RHODE ISLAND	^{Zip} 02891
6. The name of the NEW res	ident agent is:		
The Law Office of Maria Piro Spector, LLC			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon fili	ng)		
Later effective date (Date must be no more than 90 days from the date of filing)			
	eclare and affirm that I have exa nd that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Thomas Cochrane, member			5.20.25
Signature of Authorized Pers	ion of the Limited Liability Comp	pany	

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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