



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

STAMP

2025 JUN -4 A 11: 24

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 001789206	2. Exact Name of the Limited Liability Company PRADO GENERAL SERVICES LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 263 WOOD AVE		
City/Town WOONSOCKET	State RHODE ISLAND	Zip 02895
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: SEBASTIAN PRADO DE SOUZA		
5. The address of the NEW resident office is:		
Street Address (<u>NOT</u> a P.O. Box) 263 WOOD AVE		
City/Town WOONSOCKET	State RHODE ISLAND	Zip 02895
6. The name of the NEW resident agent is: SEBASTIAO PRADO DE SOUZA		
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) _____		
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 SEBASTIAO PRADO DE SOUZA		Date 04/24/2025
Signature of Authorized Person of the Limited Liability Company Sebastiao Prado Souza		

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
JUN 04 2025
BY **SOOLEY**



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 04, 2025 11:24 AM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

