RI SOS Filing Number: 202574219860 Date: 6/5/2025 11:29:00 AM



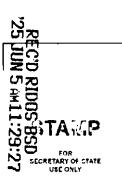
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



Pursuant to the provisions of RIGL <u>7-16-11</u> 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	2. Exact Name of the Limited Liability Company		
001791075	NEXT LEVEL NEW ENGLAND LLC.		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 140 SUMMER STREET			
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:			
BRAUN AIKENS			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 700 Nor cagangett Park DR &TE 100			
City/TownPacket		RHODE ISLAND	2ip 0200
6. The name of the NEW resident agent is: Real Steved August 100			
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 05/202			Date 6/5/2025
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 1129A