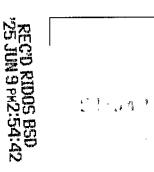
RI SOS Filing Number: 202574360490 Date: 6/9/2025 2:54:00 PM



## 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 li pose of changing its resident a		I
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000149845	HBW WARRANTY ADMINISTRATION, LLC		
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 222 JEFFERSO	N BLVD, STE 200		
City/Town WARWICK		State RHODE ISLAND	Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
CORPORATION SERVICE COMPANY			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the <b>NEW</b> resi	dent agent is:		
C T Corporation System			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
X Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
	clare 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
KARA KOROSEC, ATTORNEY-IN-FACT			05/31/2025
Signature of Authorized Person	on 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