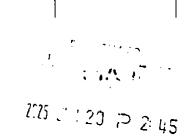
RI SOS Filing Number: 202576270300 Date: 6/20/2025 2:45:00 PM



Statement of Change of Agent DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



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
2. Exact Name of the Limited Liability Company

Quahog Investments LLC

3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:

Street Address
6 Excalibur Drive

City/Town

Richmond

State

RHODE ISLAND

Zip
02892

5. The address of the NEW recident office is:	
Jeremy Sylvester	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State	<i>i</i> :

5.	The	address	of the	NEW	resident	office is:	

Street Address (NOT a P.O. Box) 93 Sumter St.

		
Providence	State RHODE ISLAND	^{Zip} 02907

6. The name of the NEW resident agent is:

Tommy Muth

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 da	vs 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

Jeremy Sylvester 06/16/2025

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 2:45 P JUN 20 2025 BY 459WA