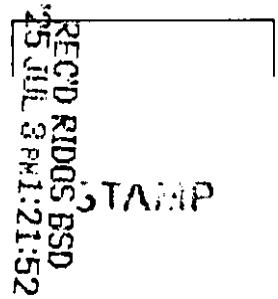




**State of Rhode Island**  
**Department of State - Business Services Division**



## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 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<br>001777109                                                                                                                                                                                       |  | 2. Exact Name of the Limited Liability Company<br>PACKSIZE 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 JEFFERSON BLVD.                                                                                                                                                                                     |  |                                                                |                  |
| City/Town WARWICK                                                                                                                                                                                                      |  | State RHODE ISLAND                                             | Zip 02888        |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>CORPORATION SERVICE COMPANY                                                                     |  |                                                                |                  |
| 5. The address of the <b>NEW</b> resident office is:                                                                                                                                                                   |  |                                                                |                  |
| Street Address ( <u>NOT</u> 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> resident agent is:<br>C T Corporation System                                                                                                                                             |  |                                                                |                  |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                                   |  |                                                                |                  |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                        |  |                                                                |                  |
| Later effective date (Date must be no more than 90 days from the date of filing) _____                                                                                                                                 |  |                                                                |                  |
| <i>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.</i> |  |                                                                |                  |
| Name of Authorized Person of the Limited Liability Company<br>Kara Korosec, Attorney-In-Fact                                                                                                                           |  |                                                                | Date<br>7/1/2025 |
| Signature of Authorized Person of the Limited Liability Company<br><i>Kara Korosec</i>                                                                                                                                 |  |                                                                |                  |

### MAIL TO:

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov

