RI SOS Filing Number: 202576676850 Date: 7/7/2025 3:45:00 PM

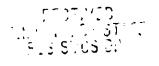


State of Rhode Island Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



235 JUL - 1 P 3:45

following statement for the pur	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident a	limited liability company submi agent in the State of Rhode Isla	ts the
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001681575	saam architecture LLC		
3. The address of the residen	t office as PRESENTLY shown	n in the records on file with the	RI Department of State:
Street Address 700 NARRA	GANSETT PARK DR STE	≣ 100	
City/Town PAWTUCKET		State RHODE ISLAND	^{Zip} 02861
4. The name of the resident a	gent as PRESENTLY shown in	the records on file with the R	I Department of State:
NORTHWEST REGISTE			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 72 Chapin Avenue			
City/Town Providence		RHODE ISLAND	^{Zip} 02909
6. The name of the NEW resid	dent agent is:		
Edward Bourget			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filin			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I ded Limited Liability Company, and	clare and affirm that I have exa d that all statements contained	mined this Statement of Chan herein are true and correct.	ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Diana Ostberg			7/1/2025
Signature of Authorized Person	n of the Limited Liability Comp	eany	
Viana L. Ost	terg	•	
	0		FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 07 2025 BY 1VYZT 345 19