



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 JUL 24 AM 11:57:09

## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number <b>159093</b>	2. Exact Name of the Corporation <b>VALLEY FLOOR COVERING, INC.</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:		
Street Address <b>197 WARREN AVENUE, SUITE 201</b>		
City/Town <b>EAST PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02914</b>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>FERNANDO ALMEIDA</b>		
5. The address of the <b>NEW</b> registered office is:		
Street Address ( <u>NOI</u> a P.O. Box) <b>197 WARREN AVENUE, SUITE 201</b>		
City/Town <b>EAST PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02914</b>
6. The name of the <b>NEW</b> registered agent is: <b>PAUL G BETTENCOURT, ESQ</b>		
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____		
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.		
Name of Authorized Officer of the Corporation <b>MARCO ALMEIDA</b>		Date <b>6/15/2025</b>
Signature of Authorized Officer of the Corporation 		

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)

