



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

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R.I. DEPT. OF STATE
BUS SVCS DIV

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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 001727857		2. Exact Name of the Limited Liability Company J Post Property Maintenance LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 107 Alfred Drown Rd.			
City/Town Barrington	State RHODE ISLAND	Zip 02806	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Neta Taylor			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 107 Alfred Drown Rd.			
City/Town Barrington	State RHODE ISLAND	Zip 02806	
6. The name of the NEW resident agent is: John Patrick Post II			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days 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 Neta Taylor			Date 24 July 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

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