RI SOS Filing Number: 202577488100 Date: 8/6/2025 12:25:00 PM



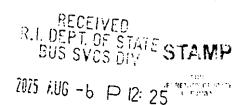
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:	
Entity ID Number 2. Exact Name of the Limited Liability Company	
001697591 Katrina C	av la la boition 110
0011101	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
222 Lefferson Bouleward, Swite 200	
City/Town I NAY WICK	State RHODE ISLAND Zip 02-888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:	
Legal Inc. Corporate Services Inc.	
5. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box)	
6 Bristol Ave	,
Pawtucket	State RHODE ISLAND Zip 028(1)
6. The name of the NEW resident agent is:	
Katrina Cox	
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 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 Date	
Katrina Cox	7/14/25
Signature of Authorized Person of the Limited Liability Company	
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov * REDDM STAMP