



State of Rhode Island
Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY

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 001714924	2. Exact Name of the Limited Liability Company Christopher Born Consulting, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 461 West Main Road			
City/Town Little Compton	State RHODE ISLAND	Zip 02837	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Douglas Crook			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 1000 Chapel View Blvd, Suite 220			
City/Town Cranston	State RHODE ISLAND	Zip 02920	
6. The name of the NEW resident agent is: John M. Harpootian			
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 Christopher Born <i>CB</i>		Date 7/27/25	
Signature of Authorized Person of the Limited Liability Company <i>CB</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

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AUG 07 2025
BY GJMJO