State of Rhode Island
Department of State - Business Services Division

FILED
AUG 21 2025, 943
BY

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

~~→ Filing Fee: $20.00~~ no fee
name change

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	2. Exact Name of the Corporation
165 7757	Saphigs Multiserces Inc

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
515 smith st		
City/Town: Providence	State: **RHODE ISLAND**	Zip: 02908

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:
Juana Salvador

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)		
515 smith st		
City/Town: Providence	State: **RHODE ISLAND**	Zip: 02908

6. The name of the **NEW** registered agent is:
Anali Salvador

7. Date when this Statement of Change of Registered Agent will be effective: **CHECK ONE BOX ONLY**

☐ Date received (Upon filing)
☐ 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	Date
Anali Salvador	8/21/2025

Signature of Authorized Officer of the Corporation

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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