

**SLEPKOW &
SLEPKOW
ASSOCIATES Inc.**

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R.I. DEPT. OF STATE
BUS SVCS DIV

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ATTORNEYS AT LAW

Martin P. Slepikow
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Milton S. Slepikow, Of Counsel

*Also Member Massachusetts Bar

August 21, 2025

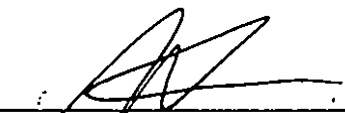
RI Department of State
Division of Business Services
148 West River Street
Providence, RI 02904

Re: *Infuze Health and Hydration, LLC*
Entity ID 1769745

To Whom It May Concern:

I hereby resign as Agent for Service from ***Infuze Health and Hydration, LLC.***

Very truly yours,



MAZALISTER SLEPKOW

MS/sas



State of Rhode Island
Department of State | Business Services Division
Gregg M. Amore, Secretary of State

August 26, 2025

INFUZE HEALTH AND HYDRATION, LLC
90 TOMAQUAG VALLEY ROAD
BRADFORD, RI 02808

RE: Entity ID# 001769745
INFUZE HEALTH AND HYDRATION, LLC

Dear Sir or Madam:

This is to notify you that this office received on AUGUST 25, 2025 the resignation of MACALISTER SLEPKOW as Resident Agent of the above-named limited liability company, a copy of which is enclosed. Section 7-16-11 of the General Laws of the State of Rhode Island states that "unless, a later time is specified in the resignation, it is effective thirty (30) days after it is filed."

Pursuant to the provisions set forth in Section 7-16-11 of the General Laws of the State of Rhode Island, "each domestic or foreign registered limited liability company shall have a resident agent for service of process on the limited liability company". To ensure that your authority to conduct business will remain intact, please file a Change of Resident Agent form with this office.

Additionally, our records indicate that the above-mentioned limited liability company is currently under a 60-day Revocation Notice effective June 16, 2025 for failure to file its annual report for the year 2025. Please file the annual report along with the Change of Agent form to avoid revocation of your Certificate of Organization/Registration.

To file a Change of Resident Agent form online visit www.sos.ri.gov/divisions/business-services. Online filings require payment by credit card. If you have forgotten your CID and PIN, please e-mail us at corp_pin@sos.ri.gov

If you prefer to use cash or check, visit www.sos.ri.gov/divisions/business-services to download a form. You can mail the form to us along with your payment or visit our office to file in person.

Thank you for your cooperation.

Sincerely,

Andrea M. Francesc
Operations Manager, Division of Business Services