

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

REC'D RIDOS BSD '25 SEP 4 PM2: 16:50

## STAMP

FOR SECRETARY OF STATE

•	RIGL <u>7-16-11</u> the undersigned li pose of changing its resident a		
1. Entity ID Number	2. Exact Name of the Limited	7 <u>-</u>	
001783298	RIDER'S JJR TRANSPORTATION LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 401 BELMONT STREET, APT 1R			
City/Town BROCKTON		State RHODE ISLAND	<sup>Zip</sup> 02301
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
JARED PIERRE LOUIS			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box)			
185 Waterman Ave			
City/Town EAST Providence		State RHODE ISLAND	Zip
EAST Providence	2		02914
6. The name of the <b>NEW</b> resi			027/4
			02774
<ul><li>6. The name of the <b>NEW</b> resi</li><li>7. Date when this Statement</li></ul>	dent agent is:  Olguine Ci ( of Charlige of Resident Agent w	Zeron ·	
<ul><li>6. The name of the <b>NEW</b> resident</li><li>7. Date when this Statement</li><li>Date received (Upon filing)</li></ul>	dent agent is:  Object to the control of Charles of Resident Agent wing)	ことくのわ ' ill be effective: CHECK ONE E	BOX ONLY
6. The name of the <b>NEW</b> resi  7. Date when this Statement  ☐ Date received (Upon filin ☐ Later effective date (Date	dent agent is:  OLGUINE Cit of Charlige of Resident Agent w ng) e must be no more than 90 day	ことのつい ' ill be effective: CHECK ONE E s from the date of filing)	BOX ONLY
7. Date when this Statement  Date received (Upon filir  Later effective date (Date Under penalty of perjury, I decomposed)	dent agent is:  Object to the control of Charles of Resident Agent wing)	CECON ' ill be effective: CHECK ONE E s from the date of filing) mined this Statement of Chang	BOX ONLY
7. Date when this Statement  ✓ Date received (Upon filir  Later effective date (Dat  Under penalty of perjury, I de  Limited Liability Company, an	dent agent is:  Object the City of Charge of Resident Agent wing) e must be no more than 90 day clare and affirm that I have exa	ill be effective: CHECK ONE Estrom the date of filing) mined this Statement of Changherein are true and correct.	BOX ONLY
7. Date when this Statement Date received (Upon filing Later effective date (Date Under penalty of perjury, I dec Limited Liability Company, and Name of Authorized Person of	dent agent is:  Office Cico of Charlige of Resident Agent wing) e must be no more than 90 day clare and affirm that I have exa and that all statements contained of the Limited Liability Company	CECON ' ill be effective: CHECK ONE E s from the date of filing) mined this Statement of Chang herein are true and correct.	ope of Resident Agent by the
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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 FILED 2:17 P SEP 04 T 2025 1P

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