



State of Rhode Island  
Department of State - Business Services Division

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## 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<br>001739256                                                                                                                                                                                | 2. Exact Name of the Limited Liability Company<br>STANDARD CUSTODY & TRUST COMPANY, LLC |                  |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                                         |                                                                                         |                  |
| Street Address 222 JEFFERSON BOULEVARD, SUITE 200                                                                                                                                                               |                                                                                         |                  |
| City/Town<br>WARWICK                                                                                                                                                                                            | State<br>RHODE ISLAND                                                                   | Zip<br>02888     |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>CORPORATION SERVICE COMPANY                                                              |                                                                                         |                  |
| 5. The address of the <b>NEW</b> resident office is:                                                                                                                                                            |                                                                                         |                  |
| Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A                                                                                                                                 |                                                                                         |                  |
| City/Town<br>East Providence                                                                                                                                                                                    | State<br>RHODE ISLAND                                                                   | Zip<br>02914     |
| 6. The name of the <b>NEW</b> resident agent is:<br>C T Corporation System                                                                                                                                      |                                                                                         |                  |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                            |                                                                                         |                  |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br>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<br>Alex Bishop                                                                                                                                       |                                                                                         | Date<br>9/8/2025 |
| Signature of Authorized Person of the Limited Liability Company                                                             |                                                                                         |                  |

### MAIL TO:

Division of Business Services  
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FILED  
SEP 09 2025  
BY GAVHO