RI SOS Filing Number: 202578108700 Date: 9/10/2025 2:53:00 PM



State of Rhode Island Department of State - Business Services Division

REC'D RIDOS BSD '05-SEP 10 PM2:53:42

Statement of Change of Agent DOMESTIC or EOREIGN Limited Liability Co

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> 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			
001752702	QPRIMES,	LLC	•
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
930 Chopmest MILL Ro.			
			oz857
4. The name of the resident a	gent as PRESENTLY shown in	n the records on file with the Ri	Department of State:
DEBOTAH A RONDEAU			
5. The address of the NEW re			
Street Address (NOT a P.O. Box) ZZO STONY LANE			
-		· <u></u>	
City/Town EXETER		State RHODE ISLAND	0282Z
City/Town EXETER 6. The name of the NEW resid		CALA	OZ8ZZ
6. The name of the NEW resid		RHODE ISLAND	OZ8ZZ.
6. The name of the NEW residence of the New residen	dent agent is: をこしにいりていい of Change of Resident Agent w	RHODE ISLAND	0z8zz
6. The name of the NEW residence JEANN 7. Date when this Statement of Date received (Upon filing)	dent agent is: を	RHODE ISLAND ZNG ill be effective: CHECK ONE B	0z8zz
6. The name of the NEW residence 7. Date when this Statement of Date received (Upon filing Later effective date (Date	dent agent is: CENDZION: of Change of Resident Agent w g) a must be no more than 90 day	RHODE ISLAND ZNG ill be effective: CHECK ONE But the date of filing)	OZ8ZZ
EXETER 6. The name of the NEW residence 7. Date when this Statement of 1 Date received (Upon filing 1 Later effective date (Date 1 Under penalty of perjury, I declarated Liability Company, and	dent agent is: GENDZION of Change of Resident Agent w g) a must be no more than 90 day clare and affirm that I have exait d that all statements contained	RHODE ISLAND ZNG ill be effective: CHECK ONE But the date of filing) mined this Statement of Change herein are true and correct.	GZ8ZZ BOX ONLY
6. The name of the NEW residence of N	dent agent is: Configure Change of Resident Agent with the second affirm that I have examined that all statements contained the Limited Liability Company	RHODE ISLAND ZNG ill be effective: CHECK ONE But the date of filing) mined this Statement of Change herein are true and correct.	GZ8ZZ BOX ONLY ge of Resident Agent by the Date
6. The name of the NEW residence of the New residen	dent agent is: GENDZION of Change of Resident Agent w g) a must be no more than 90 day clare and affirm that I have exait d that all statements contained the Limited Liability Company RONDEAU	RHODE ISLAND ZNG ill be effective: CHECK ONE But the date of filing) mined this Statement of Change herein are true and correct.	GZ8ZZ BOX ONLY ge of Resident Agent by the
6. The name of the NEW residence of the New residen	dent agent is: GENDZION of Change of Resident Agent w g) a must be no more than 90 day clare and affirm that I have exait d that all statements contained the Limited Liability Company RONDEAU	RHODE ISLAND ZNG ill be effective: CHECK ONE But the date of filing) mined this Statement of Change herein are true and correct.	GZ8ZZ BOX ONLY ge of Resident Agent by the Date

MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 1 0 2025 BY EX TAP

FILED