



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

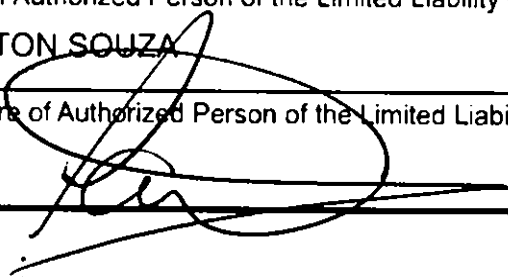
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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BUS SVCS DIV
2025 SEP 22 P 12:25

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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 001784526	2. Exact Name of the Limited Liability Company PANORAMIC DETAIL LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 36 SMITH AVENUE		
City/Town GREENVILLE	State RHODE ISLAND	Zip 02828
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JONATHAN L. UCRAN CPA		
5. The address of the NEW resident office is:		
Street Address (<u>NOT</u> a P.O. Box) 235 WILBUR AVENUE		
City/Town CRANSTON	State RHODE ISLAND	Zip 02921
6. The name of the NEW resident agent is: JASON BUCO		
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY		
☒ Date received (Upon filing)		
☐ 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 PRESTON SOUZA		Date 9-17-2025
Signature of Authorized Person of the Limited Liability Company 		

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

STAMP
SEP 22 2025
BY **KV YOUNG**
12:25PM