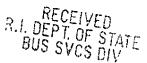


## **Statement of Change of Agent**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



2025 OCT 22 A 9:58

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

Entity ID Number	Exact Name of the Corporation		
99-1769967	LEGACY DEVELOPERS CORPORATION		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 10 DAVOL SQ STE 100			
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02903
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: RAMON FELIZ			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 1 PARK ROW, STE. 5			
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02903
6. The name of the <b>NEW</b> registered agent is:  JEFFREY PADWA, ESQ			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing Later effective date (Date	ng) e must be no more than 30 day	ys from the date of filing)	
Corporation, and that all states	clare and affirm that I have examents contained herein are tru	mined this Statement of Chanç ie and correct.	ge of Registered Agent by the
Name of Authorized Officer of	the Corporation	-	Date
	<u> </u>	1	10/17/2025
Signature of Authorized Office	er of the Corporation		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 22 2025 BY 4TNSP