



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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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 001246137	2. Exact Name of the Limited Liability Company HERFF JONES, 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 10 DORRANCE STREET, SUITE 700	
City/Town PROVIDENCE	State RHODE ISLAND
Zip 02903	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: CORPORATE CREATIONS NETWORK INC.	
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A	
City/Town East Providence	State RHODE ISLAND
Zip 02914	
6. The name of the <b>NEW</b> resident agent is: 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)	
Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Name of Authorized Person of the Limited Liability Company STEPHANIE HENCZ, AUTHORIZED PERSON	Date 10/13/2023
Signature of Authorized Person of the Limited Liability Company <i>Stephanie Hencz</i>	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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