Filing Fee: \$20.00

ID Number: \_\_\_\_833208



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 1 148 W. River Street 

## LIMITED LIABILITY COMPANY

## STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a

ch	ange of its resident agent and the address of its resident agent in the state of Rhode Island as follows:		
1.	The name of the limited liability company is:		
	M AND V 684 LLC		
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:		
	ONE TURKS HEAD PLACE, SUITE 1200, PROVIDENCE, RI 02903		
3.	The NEW address of the resident agent is:		
	684 WARREN AVENUE, EAST PROVIDENCE, RI 02914		
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:		
	ZACHARY G. DARROW ESQ.		
5.	The name of the NEW resident agent is:		
	CONSTANTINE VAFIDIS		
3.	The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.		
	Under penalty of perjury, I declare that the information contained herein is true and correct.		
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LM

M AND	V 684 LLC	
	Print Name of	mited Liability Company
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	Signatur <b>e.</b>	f Authorized Person

Form No. 642 Revised: 12/05