



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2016 APR 20 PM 3:55

**Statement of Change of Resident Agent
Limited Liability Company**

Filing Fee: \$20.00

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	2. Exact Name of the Limited Liability Company		
822275	VIC GONDIA, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 950 Smith Street			
City/Town Providence	State RHODE ISLAND	Zip 02908	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 440 Dexter Street			
City/Town Central Falls	State RHODE ISLAND	Zip 02863	
5. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Robert J. Cosentino, ESQ			
6. The name of the NEW resident agent is:			
Julia C. Gonzalez			
7. Date when this Statement of Change of Resident Agent will be effective. CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day 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			Date
Julia Gonzalez			4/20/2016
Signature of Authorized Person of the Limited Liability Company			
Julia Gonzalez SIGN DOCUMENT HERE			

FILED

APR 20 2016

By 27270

A.A. 3:55pm