



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 APR 25 AM 11:27

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	
001660418		LMS Realty LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 595 JEFFERSON BLVD.			
City/Town WARWICK		State RHODE ISLAND	Zip 02886
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 445 Budlong Road			
City/Town CRANSTON		State RHODE ISLAND	Zip 02920
5. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Theodore A. Toupouzis, Esquire			
6. The name of the NEW resident agent is:			
Louis E. Baldi, Esq.			
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
Susanna Carlino			4-20-2016
Signature of Authorized Person of the Limited Liability Company			
Susanna Carlino			

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