



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

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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
2016 MAY 26 AM 10:07

**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	
000165164		Forgotten Judaica 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 36 Harwich Road			
City/Town Providence		State RHODE ISLAND	Zip 02906
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 1604 Broad Street			
City/Town Cranston		State RHODE ISLAND	Zip 02905
5. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Lisa Van Allsburg			
6. The name of the <b>NEW</b> resident agent is:			
Richard Streitfeld			
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 Lisa Van Allsburg			Date 04/29/2016
Signature of Authorized Person of the Limited Liability Company SIGN DOCUMENT HERE <i>Lisa Van Allsburg</i>			

**FILED**

MAY 26 2016

BY *275227*