Filing Fee: \$20.00

ID Number: 329458



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State **Corporations Division** 148 W. River Street Providence, Rhode Island 02904-2615

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 change 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:	
	S.A.P. Woodworks, LLC	
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island State is:	
1143 Main Street, PO Box 782, Wyoming, RI 02898		
3. The NEW address of the resident agent is:		
56 Sherwood Drive, Westerly, RI 02891		
 The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secre State is: 		ords on file with the Rhode Island Secretary of
	Jeffrey C Blake, Esq.	
		7.77
5.	he name of the NEW resident agent is:	
Tricia Fiore, CPA		
 The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shal become effective upon the filing of this statement. 		
		of perjury, I declare that the information is true and correct.
Date: 12/1/2015 S.A.P. Woodworks, L		rke ^g - C
J ai		Name of Limited Liability Company
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	1.02 Ell ED	Signature of Authorized Person

Form No. 642 Revised: 12/05 MAY 3 1 2016