



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**  
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RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2016 JUL 13 AM 10:41

**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		
<b>001660976</b>	<b>Merkaloons, LLC</b>		
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 <b>1460 Payne Road</b>			
City/Town <b>Block Island</b>	State <b>RHODE ISLAND</b>	Zip <b>02807</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>596 CORN NECK ROAD</b>			
City/Town <b>Block Island</b>	State <b>RHODE ISLAND</b>	Zip <b>02807</b>	
5. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
<b>William Merkler</b>			
6. The name of the <b>NEW</b> resident agent is:			
<b>Kathleen McAloon</b>			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <b>KATHLEEN MCAALON</b>			Date <b>6/28/16</b>
Signature of Authorized Person of the Limited Liability Company <i>Kathleen M</i>			

10:41 AM  
**FILED**  
 JUL 13 2016  
 by 278879  
 KM