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 SECRETARY OF STATE
 REGISTRATIONS DIV.
 2016 JUL 20 AM 8:47

Statement of Change of Agent

DOMESTIC or FOREIGN 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 001664206	2. Exact Name of the Limited Liability Company Legacy Properties LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 40 Garfield St	
City/Town North Providence	State RHODE ISLAND
Zip 02904	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Arnold Leonel Hiciano	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) Same	
City/Town	State RHODE ISLAND
Zip	
6. The name of the NEW resident agent is: Sofia Hiciano	
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 Arnold Leonel Hiciano	Date 7-20-16
Signature of Authorized Person of the Limited Liability Company SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY AK 279430

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