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 DEPARTMENT OF STATE
 REGISTRATIONS DIV
 JUL 20 AM 10:42

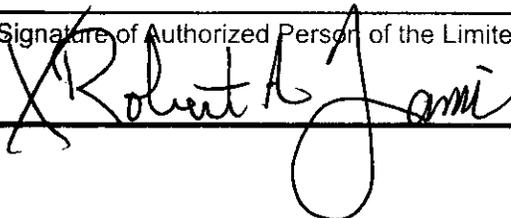
Statement of Change of Agent

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 001663686		2. Exact Name of the Limited Liability Company THE GAMING PALACE LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1395 ATWOOD AVENUE SUITE 102			
City/Town JOHNSTON	State RHODE ISLAND	Zip 02919	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: MICHAEL PEZZULLO			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 1395 ATWOOD AVENUE SUITE 102			
City/Town JOHNSTON	State RHODE ISLAND	Zip 02919	
6. The name of the NEW resident agent is: ROBERT ZANNI			
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 ROBERT ZANNI		Date 7-12-16	
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 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 By 279437
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