



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

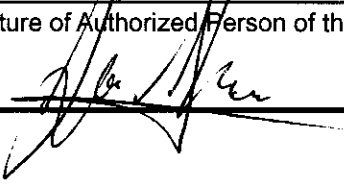
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STATE DEPARTMENT OF STATE  
BUSINESS SERVICES DIV  
2016 JUL 22 PM 2:22

### 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<br><b>001338318</b>                                                                                                                                                                         |  | 2. Exact Name of the Limited Liability Company<br><b>El Paraiso bar &amp; Lounge 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<br><b>1 Windmill St</b>                                                                                                                                                                          |  |                                                                                          |                        |
| City/Town<br><b>Pawtucket</b>                                                                                                                                                                                   |  | State<br><b>RHODE ISLAND</b>                                                             | Zip<br><b>02860</b>    |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Jose O Flores</b>                                                                     |  |                                                                                          |                        |
| 5. The address of the <b>NEW</b> resident office is:                                                                                                                                                            |  |                                                                                          |                        |
| Street Address (NOT a P.O. Box)<br><b>139 Broad St</b>                                                                                                                                                          |  |                                                                                          |                        |
| City/Town<br><b>Pawtucket</b>                                                                                                                                                                                   |  | State<br><b>RHODE ISLAND</b>                                                             | Zip<br><b>02860</b>    |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>Same</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) _____                                                                                                  |  |                                                                                          |                        |
| 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<br><b>Jose O Flores</b>                                                                                                                              |  |                                                                                          | Date<br><b>7/14/16</b> |
| Signature of Authorized Person of the Limited Liability Company<br>                                                          |  |                                                                                          | 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](http://www.sos.ri.gov)

**FILED**

**JUL 22 2016**

BY Ch 2:22



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

Nellie M. Gorbea  
*Secretary of State*

