



Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of R following statement for the pur			
1. Entity ID Number	Exact Name of the Limited Liability Company		
001656985	PERALTA 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 SUMMIT WEST, STE. 300 CENTERVILLE ROAD			
City/Town WARWICK		State RHODE ISLAND	<sup>Zip</sup> <b>02886</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
JEFFREY F CAFFREY, ESQ			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 246 CENTERVILLE ROAD			
City/Town WARWICK		State RHODE ISLAND	<sup>Zip</sup> <b>02886</b>
6. The name of the <b>NEW</b> resident agent is:			
MARC R MATHIEU, CPA			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
✓ Date received (Upon filing)			
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		1	Date
JULIO PERALTA			8-01-16
Signature of Authorized Person of the Limited Liability Company  One of the Limited Liability Company  One of the Limited Liability Company  One of the Limited Liability Company			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 10:35