(I)	State of Rhode Island and Providence Plantations
	State of Rhode Island and Providence Plantations  Department of State - Business Services Division

**Statement of Change of Agent** 

DOMESTIC or FOREIGN Business Corporation LUC

→ Filing Fee: \$20.00

7-16-11

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Gorpor	atton Limited Liabilit	y company		
001658511	01658511 652 WOOD STREET LLC				
3. The address of the reg	istered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:		
Street Address 576 META	COM AVE #2				
City/Town BRISTOL		State RHODE ISLAND	Zip <b>02809</b>		
4. The name of the regist	ered agent as PRESENTLY show	n in the records on file with the	RI Department of State:		
WILLIAM P. DENNIS ES			·		
5. The address of the NE			· · · · · · · · · · · · · · · · · · ·		
Street Address ( <u>NOT</u> a P.O.	Box) 16%UTTERWORTH AVE				
City/Town BRISTOL		State RHODE ISLAND	<sup>Zip</sup> 02809		
6. The name of the <b>NEW</b>	registered agent is:		· · · · · · · · · · · · · · · · · · ·		
EDWARD J COX II					
7. Date when this Statem	ent of Change of Registered Agen	t will be effective: CHECK ONI	Y ONE BOX		
Date received (Upon	filing)				
Later effective date (	Date must be no more than 30 day	ys from the day of filing)			
Under penalty of perjury, a Corporation, and that all s	l declare and affirm that I have exa tatements contained herein are tru	amined this Statement of Change and correct.	ge of Registered Agent by the		
Name of Authorized Office		Date			
EDWARD J COX II			09/08/16		
Signature of Authorized O	fficer of the Corporation				
Colour ?	SIGN DOCI	JMENT HERE			
		<del></del>	·		

FILED 10:54

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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