



State of Rhode Island and Providence Plantations

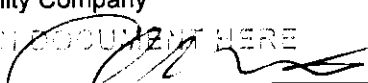
Department of State - Business Services Division

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 000541523		2. Exact Name of the Limited Liability Company Winterberry Irrigation, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 Jefferson Blvd , suite 200			
City/Town Warwick		State RHODE ISLAND	Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Parasearch, Inc.			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Blvd, Suite 200			
City/Town Warwick		State RHODE ISLAND	Zip 02888
6. The name of the NEW resident agent is: InCorp Services, Inc.			
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 Albert Leavitt			Date 09/23/2016
Signature of Authorized Person of the Limited Liability Company 			

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2016 SEP 29 AM 11:47

11:47
FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

SEP 29 2016

BY 4284744