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

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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 | 2. Exact Name of the Limited Liability Company |
|---|---|
| **799049** | **3016 Post Road Associates, LLC** |

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address **50 Exchange Terrace Suite 320**

| City/Town | State | Zip |
|---|---|---|
| **Providence** | **RHODE ISLAND** | **02903** |

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

**Paul F. Plourde, Esq.**

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box) **Callaghan & Callaghan, 3 Brown Street**

| City/Town | State | Zip |
|---|---|---|
| **Wickford** | **RHODE ISLAND** | **02852** |

6. The name of the **NEW** resident agent is:

**James M. Callaghan, Esq.**

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 | Date |
|---|---|
| **James M. Callaghan, Esq.** | **10-5-2016** |

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 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

**FILED**
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