

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:

following statement for the pur	pose of changing its resident a	agent in the State of Rhode Isla	and:
Entity ID Number	Exact Name of the Limited Liability Company		
000258888	P.I. Builders, LLC		
3. The address of the resident	office as PRESENTLY show	n in the records on file with the	RI Department of State:
Street Address			
957 Main St	reet		
City/Town Warren		State RHODE ISLAND	Zip 02885
4. The name of the resident ac	gent as PRESENTLY shown in	n the records on file with the RI	Department of State:
Louis B. Ab	ilheira		·
5. The address of the NEW res	sident office is:		
Street Address (<u>NOT</u> a P.O. Box) 443 Hope S	treet		
			
City/Town Bristol		RHODE ISLAND	Zip 02809
Bristol	ent agent is:	RHODE ISLAND	l ·
Bristol	_	RHODE ISLAND	l ·
Bristol 6. The name of the NEW reside John G. Reg 7. Date when this Statement of	go, Esq. f Change of Resident Agent w	RHODE ISLAND	02809
Bristol 6. The name of the NEW reside John G. Res 7. Date when this Statement of X Date received (Upon filing	go, Esq. f Change of Resident Agent w	RHODE ISLAND	02809
Bristol 6. The name of the NEW reside John G. Res 7. Date when this Statement of X Date received (Upon filing Later effective date (Date	go, Esq. f Change of Resident Agent word n) must be no more than 30 day	RHODE ISLAND will be effective: CHECK ONLY of the day of filing)	02809 ONE BOX
Bristol 6. The name of the NEW reside John G. Reg 7. Date when this Statement of X Date received (Upon filing Later effective date (Date Under penalty of perjury, I decide Limited Liability Company, and	go, Esq. f Change of Resident Agent was n) must be no more than 30 day are and affirm that I have example that all statements contained	RHODE ISLAND will be effective: CHECK ONLY of the day of filing) mined this Statement of Chang herein are true and correct.	02809 ONE BOX
Bristol 6. The name of the NEW resided John G. Resident G. Reside	go, Esq. f Change of Resident Agent was n) must be no more than 30 day are and affirm that I have example that all statements contained	RHODE ISLAND will be effective: CHECK ONLY of the day of filing) mined this Statement of Chang herein are true and correct.	02809 ONE BOX
Bristol 6. The name of the NEW reside John G. Res 7. Date when this Statement of X Date received (Upon filing Later effective date (Date Under penalty of perjury, I deck Limited Liability Company, and Name of Authorized Person of the Richard D. Brooks	go, Esq. f Change of Resident Agent w. n) must be no more than 30 day are and affirm that I have examinate that all statements contained the Limited Liability Company	RHODE ISLAND Fill be effective: CHECK ONLY (It is from the day of filing) Imined this Statement of Chang Therein are true and correct.	O2809 ONE BOX ge of Resident Agent by the
Bristol 6. The name of the NEW reside John G. Res 7. Date when this Statement of X Date received (Upon filing Later effective date (Date Under penalty of perjury, I decident to the company, and the company, and the company of	go, Esq. f Change of Resident Agent w. g) must be no more than 30 day are and affirm that I have example that all statements contained the Limited Liability Company of the Limited Liability Company	RHODE ISLAND Fill be effective: CHECK ONLY (It is from the day of filing) Imined this Statement of Chang Therein are true and correct.	ONE BOX ge of Resident Agent by the Date

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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