

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

R.I. DEPT OF STATE
SUS SYCO DIV

Pursuant to the provisions of F	RIGL 7-16-11 the undersigned	limited liability company submi	its the
1. Entity ID Number	rpose of changing its resident agent in the State of Rhode Island: 2. Exact Name of the Limited Liability Company		
126396	Scotland Realty, LLC,		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 145 Phenix Avenue			
City/Town Cranston		State RHODE ISLAND	Zip 02920
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
John S. Petrone, Esq.			,
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)	681 Smith Street		
Providence		State RHODE ISLAND	Zip 02908
The name of the NEW residStephen C. Mackie, Esq.	ent agent is:		
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 deci Limited Liability Company, and	are and affirm that I have exa	mined this Statement of Chang	ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date at
Oliver T. MacDougall			193/16
Signature of Authorized Persor	of the Limited Liability Comp	any	
	SIGN DOCL	MENT HER DOWN 14	Dago Ol
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:08AM

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