



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

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R.I. DEPARTMENT OF STATE
OCT 24 2016

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

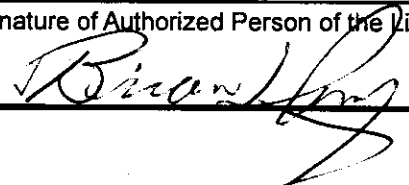
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FOR
SECRETARY OF STATE
USE ONLY

→ Filing Fee: \$20.00

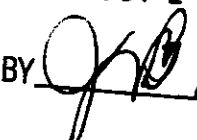
Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 161868		2. Exact Name of the Limited Liability Company Rem Dogs, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 168 Franklin Street 450 Veterans Memorial Pkwy, Ste 103			
City/Town Warren E. Prov		State RHODE ISLAND	Zip 02885 02914
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Anthony Desisto, Esq.			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 1445 Wampanoag Trail Suite 202			
City/Town Riverside		State RHODE ISLAND	Zip 02885
6. The name of the NEW resident agent is: R. Gary Clark, 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 Brian Remy			Date 10/04/2016
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

12:31 **FILED**
OCT 24 2016

BY  **286777**

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