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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. 579042		2. Beaudreault Family LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
535 Atwood Ave Ste 4			
Cranston	State	RHODE ISLAND	02920
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Richard Palumbo, Esq			
5. The address of the NEW resident office is:			
535 Atwood Ave Ste 4,			
Cranston	State	RHODE ISLAND	Zip 02920
6. The name of the NEW resident agent is: Richard Palumbo, Esq			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="radio"/> Date received (Upon filing)			
<input type="radio"/> 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		Helene Chamberlain	Date October 25, 2016
Signature of Authorized Person of the Limited Liability Company <i>Helene Chamberlain</i> SIGN DOCUMENT HERE			