



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

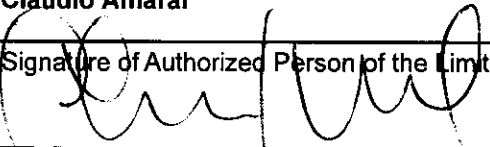
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Statement of Change of Agent

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. Entity ID Number 113616		2. Exact Name of the Limited Liability Company T&K Properties, LLC.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1678 Post Road			
City/Town Warwick		State RHODE ISLAND	Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Claudio Amaral			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 681 Smith Street			
City/Town Providence		State RHODE ISLAND	Zip 02908
6. The name of the NEW resident agent is: Stephen C. Mackie, Esq.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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 Claudio Amaral			Date 9/26/16
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 

OCT 27 2016

BY 006009