Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

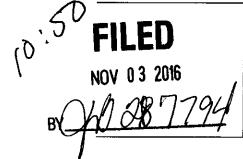
following statement for the purpose of changing its resident agent in the State of Rhode Island:			
Entity ID Number	2. Exact Name of the Limited Liability Company		
570172	KAJE REALTY, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 797 BALD HILL ROAD			
City/Town WARWICK		State RHODE ISLAND	Zip 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
MARYANNE BEVANS, ESQ.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 931 JEFFERSON BLVD, STE 2004			
City/Town WARWICK		State RHODE ISLAND	^{Zip} 02886
6. The name of the NEW resident agent is: JONATHAN V. KALANDER, 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			Date
Kenneth J. Stockley			10.14.16
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



FORM 642 - Revised: 07/2016