



name change no fee

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2016 DEC 16 AM 10:10

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 1668847		2. Exact Name of the Limited Liability Company SLB, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 593 Weeden St.			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Phillipe Barros			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) same as above			
City/Town		State RHODE ISLAND	Zip
6. The name of the NEW resident agent is: JEAN PHILIPPE BARROS			
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 JACK GALVAD			Date 12/6/2016
Signature of Authorized Person of the Limited Liability Company [Signature]			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

DEC 06 2016

BY A.A. 10:10 A.M.