

## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



	of RIGL 7-16-11 the undersigned purpose of changing its resident of				
1. Entity ID Number	2. Exact Name of the Limited Liability Company				
000144742	PERFORMANCE PROPERTIES, LLC			2016	20
3. The address of the resid	dent office as PRESENTLY show	n in the records on file with the	RI Department o	f State:	-
Street Address 91 FRIENDSHIP STREET				0.19	
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903		100 E
4. The address of the <b>NEV</b>		65	A		
Street Address ( <u>NOT</u> a P.O. E	<sup>3ox)</sup> 167 MAIN STREET			S	L.
City/Town WESTERLY		State RHODE ISLAND	<sup>Zip</sup> 02891		
5. Date when this Stateme	ent of Change of Resident Agent v	vill be effective: CHECK ONLY	ONE BOX		
✓ Date received (Upon	filing)				
Later effective date (	Date must be no more than 30 day	ys from the day of filing)			_
	declare and affirm that I have exa and that all statements contained		ge of Resident A	gent by the	<b>;</b>
Name of Authorized Person of the Limited Liability Company			Date		
AMERICO M. SCUNGIO, ESQ.			12-14-16		
Signature of Authorized Pe	rson of the Limited Liability Comp	pany	•		
4	SIGN DOC	UMENT HERE			
				<u></u>	

## MAIL TO:

**Division of Business Services**148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 19 2016

BY

FORM 642A - Revised: 06/2016

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

