



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

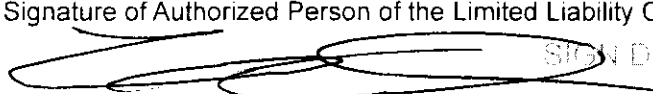
**Statement of Change of Agent**

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:

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2017 JAN 25 AM 9:27

|  |  |                           |                        |
|--|--|---------------------------|------------------------|
| 1. Entity ID Number<br><b>000506412</b>  | 2. Exact Name of the Limited Liability Company<br><b>HALIE MARIE REALTY, LLC</b> |                           |                        |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address <b>735 Smith Street</b>  |  |                           |                        |
| City/Town <b>Providence</b>  |  | State <b>RHODE ISLAND</b> | Zip <b>02908</b>       |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>John J. DeSimone</b>   |  |                           |                        |
| 5. The address of the <b>NEW</b> resident office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>1536 Westminster Street</b>   |  |                           |                        |
| City/Town <b>Providence</b>  |  | State <b>RHODE ISLAND</b> | Zip <b>02909</b>       |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>Robert A. Peretti, Esq.</b>   |  |                           |                        |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX<br><input checked="" type="checkbox"/> Date received (Upon filing)<br><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<br><b>Theodore Dumican</b>  |  |                           | Date<br><b>1/25/17</b> |
| Signature of Authorized Person of the Limited Liability Company<br> 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](http://www.sos.ri.gov)

**FILED**

**JAN 25 2017**

BY **294029**  
**A.A. 9:27 A.M.**  
FORM 642 - Revised 07/2016