

2017 JAN 30 PM 12: 46

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	
	res Farm LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
250 West Wrentham Rd.	
CUMberland	State RHODE ISLAND Zip 02864
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:	
Stephen Hinton	
5. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 3047 East Main Rd Suites	
PORTSMOUTH	RHODE ISLAND Zip 28 7]
	RHODE ISLAND Zip 28 7 1
PORTSMOUTH	RHODE ISLAND Zip 3871
PORTSMOUTA 6. The name of the NEW resident agent is:	RHODE ISLAND 03871
PORTSMOUTH 6. The name of the NEW resident agent is: MIKE FORD	RHODE ISLAND 03871
6. The name of the NEW resident agent is: 7. Date when this Statement of Change of Resident Agent w	rill be effective: CHECK ONLY ONE BOX
6. The name of the NEW resident agent is: 7. Date when this Statement of Change of Resident Agent w Date received (Upon filing)	rill be effective: CHECK ONLY ONE BOX s from the day of filing) mined this Statement of Change of Resident Agent by the
6. The name of the NEW resident agent is: 7. Date when this Statement of Change of Resident Agent w Date received (Upon filing) Later effective date (Date must be no more than 30 day Under penalty of perjury, I declare and affirm that I have exa	rill be effective: CHECK ONLY ONE BOX rs from the day of filing) mined this Statement of Change of Resident Agent by the herein are true and correct.
6. The name of the NEW resident agent is: 7. Date when this Statement of Change of Resident Agent w Date received (Upon filing) Later effective date (Date must be no more than 30 day Under penalty of perjury, I declare and affirm that I have exa Limited Liability Company, and that all statements contained	rill be effective: CHECK ONLY ONE BOX rs from the day of filing) mined this Statement of Change of Resident Agent by the herein are true and correct.
6. The name of the NEW resident agent is: 7. Date when this Statement of Change of Resident Agent w Date received (Upon filing) Later effective date (Date must be no more than 30 day Under penalty of perjury, I declare and affirm that I have exa Limited Liability Company, and that all statements contained	rill be effective: CHECK ONLY ONE BOX Is from the day of filing) mined this Statement of Change of Resident Agent by the therein are true and correct. Date 1/30/17

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