



State of Rhode Island and Providence Plantations

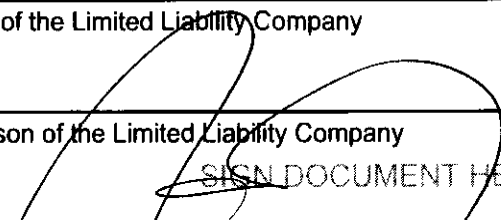
Department of State - Business Services Division

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:

1. Entity ID Number 000994992		2. Exact Name of the Limited Liability Company BRISOUL, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 144 Wayland Avenue			
City/Town Providence	State RHODE ISLAND	Zip 02906	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Orson and Brusini Ltd.			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 2339 Diamond Hill Road, Suite 2			
City/Town Cumberland	State RHODE ISLAND	Zip 02864	
6. The name of the NEW resident agent is: Kamal Nouhaili			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<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 Kamal Nouhaili, Manager		Date 3/3/17	
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

FILED

MAR 16 2017

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