



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  
 2017 APR -3 PM 3:08

**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 000163037	2. Exact Name of the Limited Liability Company FORTY 1° NORTH, LLC		
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 72 Pine Street <b>Pierce Atwood LLP</b>			
City/Town Providence	State <b>RHODE ISLAND</b>	Zip 02903	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Stephen J. MacGillivray, Esquire			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence,	State <b>RHODE ISLAND</b>	Zip 02914	
6. The name of the <b>NEW</b> resident agent is: C T Corporation System			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company George W. Moore			Date 3-31-2017
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**

**APR 03 2017**

BY **A.A. 3:08pm**  
 FORM 642 - Revised: 07/2016