

R.I. DEPTLOF STATE BUS SVCS DIV

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the 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			
001662812	Λ	LC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
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801 Park Are			
City/Town Cranstan		State RHODE ISLAND	Zip 12 02910
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Latino Tax of Accounting Professionals, LLC			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 130 Tompaul TRL			
City/Town Crawston		RHODE ISLAND	Zip (12921
6. The name of the NEW resident agent is:			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
□ Date received (Upon filing)			
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			Date /
Possy Mejia			04/3/017
Signature of Authorized Person of the Limited Liability Company			
Kosky morio 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

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BY C15332866