



State of Rhode Island and Providence Plantations

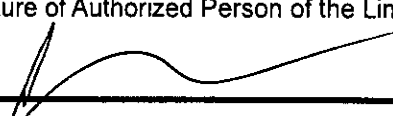
Department of State - Business Services Division

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 1060025	2. Exact Name of the Limited Liability Company WAKEFIELD KITCHEN & BATH LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 140 POINT JUDITH ROAD STE 46			
City/Town NARRAGANSETT	State RHODE ISLAND	Zip 02882	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: VINCENT J. COREA JR. CPA,MST			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 29 OLD TOWER HILL ROAD			
City/Town WAKEFIELD	State RHODE ISLAND	Zip 02879	
6. The name of the NEW resident agent is: JAY MAINE			
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 JAY MAINE		Date APRIL 19, 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 24 2017**

BY 301831
A.A. 12:45pm -