



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 118011		2. Exact Name of the Limited Liability Company STONE REAL ESTATE HOLDINGS LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 665 Metacom Avenue			
City/Town L Warren		State RHODE ISLAND	Zip 02885
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: ROBERT HEALEY			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 7 STONY BROOK DRIVE			
City/Town LITTLE COMPTON		State RHODE ISLAND	Zip 02837
6. The name of the NEW resident agent is: LORI ELMSLIE			
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 LORI ELMSLIE			Date 3/16/17
Signature of Authorized Person of the Limited Liability Company <i>Lori Elmslie</i> SIGN DOCUMENT HERE			

FILED**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAY 12 2017BY *202530**A.A. 10:26am*

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BUSINESS DIV
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