



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 <b>001661771</b>		2. Exact Name of the Limited Liability Company <b>Living Outdoors, LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>10 Town Dock Road</b>			
City/Town <b>Charlestown</b>		State <b>RHODE ISLAND</b>	Zip <b>02813</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>C &amp; C Investments, Inc</b>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>79B Tom Harvey Road</b>			
City/Town <b>Westerly</b>		State <b>RHODE ISLAND</b>	Zip <b>02891</b>
6. The name of the NEW resident agent is: <b>Carl V. Johnson, III</b>			
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 <b>Paul J. Bupivi, Attorney for Living Outdoors, LLC</b>			Date <b>05/17/17</b>
Signature of Authorized Person of the Limited Liability Company 			

**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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