



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS. SVCS. DIV.

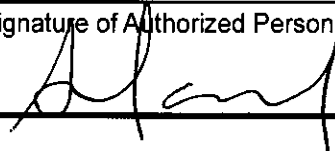
2017 MAY 25 PM 1:06

**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<br><b>950885</b>                                                                                                                                                                            |  | 2. Exact Name of the Limited Liability Company<br><b>Alpha Investors LLC</b> |                        |
| 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<br><b>407 Plainfield Street</b>                                                                                                                                                                  |  |                                                                              |                        |
| City/Town<br><b>Providence</b>                                                                                                                                                                                  |  | State<br><b>RHODE ISLAND</b>                                                 | Zip<br><b>02909</b>    |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Samuel E. Nouel</b>                                                                   |  |                                                                              |                        |
| 5. The address of the <b>NEW</b> resident office is:                                                                                                                                                            |  |                                                                              |                        |
| Street Address (NOT a P.O. Box)<br><b>60 Huber Ave.</b>                                                                                                                                                         |  |                                                                              |                        |
| City/Town<br><b>Providence</b>                                                                                                                                                                                  |  | State<br><b>RHODE ISLAND</b>                                                 | Zip<br><b>02909</b>    |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>Yudelka Gmilton</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) _____                                                                                                  |  |                                                                              |                        |
| 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<br><b>Samuel E. Nouel</b>                                                                                                                            |  |                                                                              | Date<br><b>5/25/17</b> |
| Signature of Authorized Person of the Limited Liability Company<br><br>SIGN DOCUMENT HERE                                    |  |                                                                              |                        |

**FILED**

MAY 25 2017

BY AK 304497

1:06

**MAIL TO:**

Division of Business Services

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

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Website: www.sos.ri.gov