



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

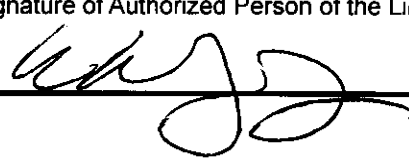
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 BUS SVCS DIV

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 145337		2. Exact Name of the Limited Liability Company A-TECH APPRAISAL CO., LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1200 Reservoir Avenue			
City/Town Cranston		State RHODE ISLAND	Zip 02920
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Ronald Tagliaferri, Esq.			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 33 Davis Circle			
City/Town Warwick		State RHODE ISLAND	Zip 02886
6. The name of the NEW resident agent is: William W. Furney			
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 William W. Furney			Date June 6, 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

11:04 **FILED**
 JUN 07 2017

BY  305392