



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 000505768	2. Exact Name of the Limited Liability Company Flynn Automotive, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 300 Centerville Road Summit West Suite 300 City/Town WARWICK, RI State RHODE ISLAND Zip 02886	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Jeffrey F. Caffrey Esq.	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 30 Dean Knauss Dr. City/Town Narragansett State RHODE ISLAND Zip 02882	
6. The name of the NEW resident agent is: Caroline F Lynn	
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 Vincent J. F. Lynn III	Date 6/5/17
Signature of Authorized Person of the Limited Liability Company 	

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 JUN 12 AM 11:32

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

JUN 12 2017

BY
A.A. 11:32 AM