



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

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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 103933	2. Exact Name of the Limited Liability Company Point Judith Road LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address		
City/Town	State	Zip
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: V Duncan Johnson Esq Edwards Widman Palmer LLC 2800 Fen Place REV RI 02903		
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 23 Catlin Ave		
City/Town	State	Zip
Rumford	RHODE ISLAND	02916
6. The name of the NEW resident agent is: Paula Murray McNamara		
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 Terrence Murray		Date 6/13/17
Signature of Authorized Person of the Limited Liability Company Terrence Murray		

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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 28 2017

BY **307107**
A.A. 10:33 A.M.