



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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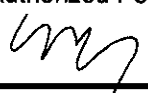
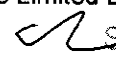
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Statement of Change of Agent

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 803180		2. Exact Name of the Limited Liability Company Plumbers Properties LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1055 Reservoir Avenue			
City/Town Cranston		State RHODE ISLAND	Zip 02910
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: DAVID A. LAFAZIA, ESQ.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 117 Brentwood drive			
City/Town North smithfield		State RHODE ISLAND	Zip 02896
6. The name of the NEW resident agent is: William Harfst			
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 Harfst			Date 8/2/2017
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

FILED

AUG 02 2017

BY **309510**

A.A. 9:42 A.M.

FORM 642 - Revised: 07/2016