

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

•		ned limited liability company su lent agent in the State of Rhode	.	201	
1. Entity ID Number	2. Exact Name of the Lin	Exact Name of the Limited Liability Company KATEDEN, LLC			CC.
486662	KATEDEN, LLC				
3. The address of the res	ident office as PRESENTLY s	hown in the records on file with	the RI Department	of State:	,
Street Address ONE TURKS HEAD PLACE				1 10:3	TATE
City/Town PROVIDENCE		State RHODE ISLAN	ID Zip 02903	0	
4. The name of the reside	ent agent as PRESENTLY sho	own in the records on file with the	ne RI Department of	State:	
JOHN F. KELLEHER					
5. The address of the NE					
Street Address (NOT a P.O.	Box) 251 SMITH STREET				<u> </u>
City/Town PROVIDENCE		State RHODE ISLANI	Zip 02908		
6. The name of the NEW DAWN HOULE	resident agent is:	· · · · · · · · · · · · · · · · · · ·			
7. Date when this Statem	ent of Change of Resident Ag	ent will be effective: CHECK O	NLY ONE BOX		
Date received (Upor	fling)				
Later effective date	(Date must be no more than 3	0 days from the day of filing) _			
		e examined this Statement of C ajned herein are true and corre		Agent by	the
Name of Authorized Pers	on of the Limited Liability Con	ipa ęy //	Date	1	######################################
JAMES T. LYNCH			8/8/17	8/8/17	
Signature of Authorized F	erson of the Limited Liability (Company	, <u></u>		
	SIGN D	OCUMENT 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
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