



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

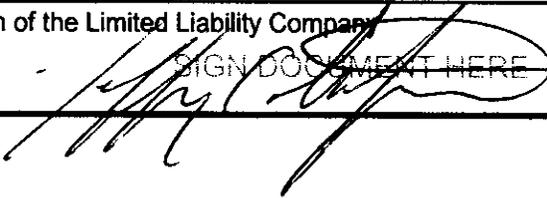
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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 AUG 21 PM 1:11

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 001670363		2. Exact Name of the Limited Liability Company Sweet U Providence Place L.L.C.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address One Richmond Square, STE 125B			
City/Town Providence		State RHODE ISLAND	Zip 02906
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Rhode Island Registered Agent LLC			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) One Richmond Square, STE 125B			
City/Town Providence		State RHODE ISLAND	Zip 02906
6. The name of the NEW resident agent is: Registered Agents Inc.			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Jeffrey C. Schwartzman			Date 08/18/2017
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

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