RI SOS Filing Number: 201749855450 Date: 9/18/2017 12:48:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

Entity ID Number 2. Exact Name of the Limited Liability Company				
1332534	Brook Insurance Associate	Brook Insurance Associates LLC .		
3. The address of the re	esident office as PRESENTLY shows	n in the records on file with the	RI Department of State:	
Street Address 1177 GR	EENWICH AVENUE			
City/Town Warwick		State RHODE ISLAND	Zip 02886	
4. The name of the resi	dent agent as PRESENTLY shown in	n the records on file with the R	Department of State:	
TODD E. MCNAMARA	ı, ESQ.			
5. The address of the N		· -		
Street Address (<u>NOT</u> a Po	O. Box) 1935 Elmwood Ave	·		
C-ty/Town Warwick		State RHODE ISLAND	Zıp 02888	
6. The name of the NE	W resident agent is.			
Christopher Brook				
omistopher Brook				
· <u> </u>	ement of Change of Resident Agent v	vill be effective: CHECK ONLY	ONE BOX	
· <u> </u>		vill be effective: CHECK ONLY	ONE BOX	
7. Date when this State ✓ Date received (Up			ONE BOX	
7. Date when this State 7. Date when this State 1. Date received (Up 1. Later effective date 1. Under penalty of perjure	on filing)	ys from the day of filing)		
7 Date when this State 7 Date received (Up 1 Later effective date 1 Under penalty of perjury 2 Limited Liability Compa	on filing) e (Date must be no more than 30 da y, I declare and affirm that I have exa	ys from the day of filing) amined this Statement of Chan d herein are true and correct.		

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** STAMP

SEP 1 8 2017 IN TARY OF STATE

FORM 642 - Revised: 07/2016