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

# 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 | 2. Exact Name of the Limited Liability Company |
|---|---|
| 204488 | Subway of NKK LLC |

**3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:**

Street Address
82 Gatt Rl

| City/Town | State | Zip |
|---|---|---|
| North Kingston | **RHODE ISLAND** | 02852 |

**4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:**

David Sholes

**5. The address of the NEW resident office is:**

Street Address (NOT a P.O. Box)
54 Ridgewood Lane

| City/Town | State | Zip |
|---|---|---|
| Wakefield | **RHODE ISLAND** | 02852 |

**6. The name of the NEW resident agent is:**

Robert Keramidas

**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 | Date |
|---|---|
| Robert Keramidas, Member | 9/20/17 |

Signature of Authorized Person of the Limited Liability Company
SIGN DOCUMENT HERE
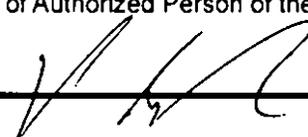
**MAIL TO:**
**Division of Business Services**
148 W. River Street. Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 642 - Revised: 07/2016