



**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 SEP 25 PM 12:28

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 office in the State of Rhode Island:

1. Entity ID Number 798987		2. Exact Name of the Limited Liability Company Bright Coast Landscapes LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 11 Prose Ct.			
City/Town Narragansett		State RHODE ISLAND	Zip 02882
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 26A Richmond Townhouse Rd.			
City/Town Wyoming		State RHODE ISLAND	Zip 02898
5. 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 Lee Wyman			Date 9/22/17
Signature of Authorized Person of the Limited Liability Company <i>Lee Wy</i> 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**  
 SEP 25 2017  
 BY A.A. 12:29p.m.