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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

R.I. DEPT. OF STATE
BUS SYCS DIV

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. 2. Exact Name of the Limited Liability Company 1. Entity ID Number The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State Street Address State City/Town Zip **RHODE ISLAND** agent as PRESENTLY shown in the records on file with the RI Department of State: 5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) City/Town State Zip 02914 **RHODE ISLAND** 6. The name of LIMA 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 Authorized Person of the Limited Liability Company

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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