



**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 R.I. DEPT OF STATE  
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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 <b>000846844</b>	2. Exact Name of the Limited Liability Company <b>CACH, LLC</b>
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</b>	
City/Town <b>EAST PROVIDENCE</b>	State <b>RHODE ISLAND</b> Zip <b>02914</b>
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>CT CORPORATION SYSTEM</b>	
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) <b>222 Jefferson Boulevard, Suite 200</b>	
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b> Zip <b>02888</b>
6. The name of the <b>NEW</b> resident agent is: <b>Corporation Service Company</b>	
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 <b>Bryan Faliero</b>	Date <b>00/07/17</b>
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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