



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

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2017 OCT -2 AM 10:45

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 1445495		2. Exact Name of the Limited Liability Company Innovative Kitchens and Baths LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1405 Plainfield St			
City/Town Johnston	State RHODE ISLAND	Zip 02919	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Frank J. Manni, Esq.			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 25 Red Cedar Lane			
City/Town North Providence	State RHODE ISLAND	Zip 02904	
6. The name of the NEW resident agent is: Robert A Durand			
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) _____			
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 Robert A. Durand		Date 10/2/2017	
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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