



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

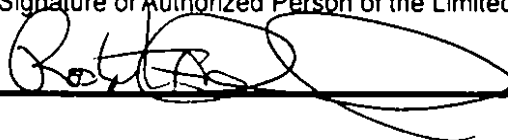
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R.I. DEPT. OF STATE
BUS SVCS DIV

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

2017 OCT -2 AM 10:45

→ 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 1445496 | | 2. Exact Name of the Limited Liability Company R.A. Durand Home Improvements 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) _____ | | | |
| <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 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

FILED *cm*

OCT 02 2017

BY C19345874