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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 OCT -6 AM 10:46

Statement of Change of Agent ADDRESS

DOMESTIC or FOREIGN Limited Liability Company

~~→Filing Fee: $20.00~~ no fee

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	2. Exact Name of the Limited Liability Company
001038470	Greenberg-Trillo Realty, LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
506 Division Street		
City/Town: East Greenwich	State: **RHODE ISLAND**	Zip: 02818

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:
Joseph Trillo

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
75 Bailey Boulevard		
City/Town: East Greenwich	State: **RHODE ISLAND**	Zip: 02818

6. The name of the **NEW** resident agent is:
Joseph Trillo

7. 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
Joseph Trillo	10/4/17

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
OCT 06 2017
BY A.A. 10:46 A.M.

FORM 642 ~~Revised~~ 07/2016

642 A-

State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

October 06, 2017 10:46 AM

Nellie M. Gorbea
Secretary of State