



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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RI 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 000564816		2. Exact Name of the Limited Liability Company Trillo Properties, 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 O. Trillo			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> 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 O. Trillo			
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 Joseph Trillo		Date 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 AM**



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

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

