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 BUS SVCS DIV  
 2017 OCT 11 AM 10:30

**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 <b>1668536</b>	2. Exact Name of the Limited Liability Company <b>A FINISHED WINDOW, LLC</b>
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <b>21 Garden City Drive TAFT &amp; MCSALLY LLP</b>	
City/Town <b>Cranston</b>	State <b>RHODE ISLAND</b> Zip <b>02920</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>David H. Ferrara</b>	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) <b>24 Dellwood Road</b>	
City/Town <b>Cranston</b>	State <b>RHODE ISLAND</b> Zip <b>02920</b>
6. The name of the NEW resident agent is: <b>Joan S. Kopels</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>Joan S. Kopels</b>	Date <b>10-9-17</b>
Signature of Authorized Person of the Limited Liability Company <div style="text-align: center;">            SIGN DOCUMENT HERE         </div>	

**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 11 2017

BY 314546  
 A.H. 10:30AM.