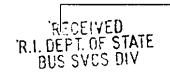
RI SOS Filing Number: 201751416430 Date: 10/12/2017 10:37:00 AM





2017 OCT 12 AM 10: 37

## **Statement of Change of Agent**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$20.00

Pursuant to the provisions of R following statement for the purp		•	
	2. Exact Name of the Corporation		
147268	BLOCK BAND CONSTANCTION, INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address ADDISION NISE-HIGH ST. P.O. BOX 277			
City/Town BLOCK /SLAND		State RHODE ISLAND	Zip (3280)
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
ELLIOTT TAUGMAN ESQ			
5. The address of the <b>NEW</b> re			
Street Address ( <u>NOT</u> a P.O. Box)	20 - PB. BOX 114		
City/Town BLOCK BLAND		China	T
GLOCK SLAND		State RHODE ISLAND	<sup>Zip</sup> 62801
6. The name of the <b>NEW</b> regis	·	State RHODE ISLAND	<sup>211</sup> 02801
BLOCK BLAND	·	State RHODE ISLAND	<sup>21p</sup> 62801
6. The name of the <b>NEW</b> registable of the <b>NEW</b> regis	SLANSF/ELD of Change of Registered Agent		02007
6. The name of the <b>NEW</b> regis	SLANSF/ELD of Change of Registered Agent		02007
6. The name of the NEW regis  LULIS N  7. Date when this Statement of Date received (Upon filing)	SLANSF/ELD of Change of Registered Agent	will be effective: CHECK ONL	02007
6. The name of the NEW regist Lyzs N L  7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I decomposite the NEW register.)	SLANSFIELD of Change of Registered Agent ng)	will be effective: CHECK ONL  ys from the day of filing)  mined this Statement of Chan	Y ONE BOX
6. The name of the NEW regist Lyzs N L  7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I decomposite the NEW register.)	SCAUSFIELD of Change of Registered Agent ng) e must be no more than 90 day clare and affirm that I have exa ements contained herein are true	will be effective: CHECK ONL  ys from the day of filing)  mined this Statement of Chan	ge of Registered Agent by the
6. The name of the NEW regist  7. Date when this Statement of Date received (Upon filin Later effective date (Date Under penalty of perjury, I dec Corporation, and that all state	of Change of Registered Agent ng) e must be no more than 90 day clare and affirm that I have exa ements contained herein are true the Corporation	will be effective: CHECK ONL  ys from the day of filing)  mined this Statement of Chan	ge of Registered Agent by the
6. The name of the NEW regist Lyzs N 2  7. Date when this Statement of Date received (Upon filin Later effective date (Date Under penalty of perjury, I dec Corporation, and that all state Name of Authorized Officer of	SCAUSFIELD of Change of Registered Agent ng) e must be no more than 90 day clare and affirm that I have exa ements contained herein are tru f the Corporation FIELD	will be effective: CHECK ONL  ys from the day of filing)  mined this Statement of Chan	ge of Registered Agent by the

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 - 10:37

BY Ca 314637