



RECEIVED  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2017 OCT 16 PM 12:12

**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>000088146</b>		2. Exact Name of the Limited Liability Company <b>SOBE 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>2 PORTER RD.</b>			
City/Town <b>MIDDLETOWN</b>		State <b>RHODE ISLAND</b>	Zip <b>02842</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>CHARLES P. LANDAU</b>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>77 DR. MARCUS WHEATLAND BLVD.</b>			
City/Town <b>NEWPORT</b>		State <b>RHODE ISLAND</b>	Zip <b>02840</b>
6. The name of the NEW resident agent is: <b>SUSAN LANDAU</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>SUSAN T. LANDAU</b>			Date <b>10.9.2017</b>
Signature of Authorized Person of the Limited Liability Company <b>SIGN DOCUMENT HERE</b>			

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 16 2017  
 BY **314916**  
**12:12**