



State of Rhode Island and Providence Plantations

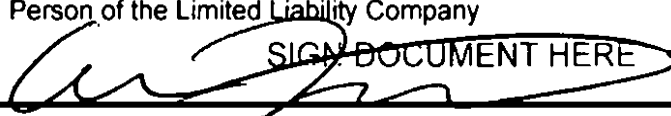
Department of State - Business Services Division

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 OCT 16 PM 12:10
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 001668490		2. Exact Name of the Limited Liability Company SOUTHPORT BUILDERS, LLC.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 15 BLUEBERRY LN.			
City/Town JAMESTOWN		State RHODE ISLAND	Zip 02835
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: ANDREW FIORENZANO			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 128 STONY FORT RD.			
City/Town SOUTH KINGSTOWN		State RHODE ISLAND	Zip 02874
6. The name of the NEW resident agent is: ANDREW FIORENZANO			
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 ANDREW FIORENZANO			Date 10/12/17
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

12:10

FILED

OCT 16 2017

BY 



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 16, 2017 12:10 PM

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

