

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

23	R.I. FCE
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following statement for the	purpose of changing its resident a	gent in the State of Rhode Isla	and:	
1. Entity ID Number	2. Exact Name of the Limited	2. Exact Name of the Limited Liability Company		
796078	Preserve Management, LLC	Preserve Management, LLC		
3. The address of the resi	dent office as PRESENTLY shown	in the records on file with the	RI Department of State:	
Street Address One Ship S	Street			
City/Town Providence		State RHODE ISLAND	^{Zip} 02903	
4. The name of the reside	nt agent as PRESENTLY shown in	the records on file with the R	Department of State	
John A. Glasson,Esq.				
5. The address of the NEV		/		
Street Address (NOT a P.O.	Box) 167 Main Street			
City/Town Westerly		State RHODE ISLAND	Z _{IP} 02891	
6. The name of the NEW	resident agent is:			
Americo M. Scungio, Es	q.			
7. Date when this Statem	ent of Change of Resident Agent w	vill be effective: CHECK ONLY	ONE BOX	
✓ Date received (Upon	filing)			
Later effective date ((Date must be no more than 30 day	ys from the day of filing)		
	I declare and affirm that I have exa c, and that all statements contained		ge of Resident Agent by the	
Name of Authorized Person of the Limited Liability Company		Date		
Paul P. Mihailides, President of M.T.M. Development Corporation, its Manager		10-18-17		
Signature of Authorized P	Person of the Limited Liability Comp SIGN DOC	oany UMENT HERE		
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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