



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV


Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

2017 OCT 24 PM 1:39

→ 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 1659326	2. Exact Name of the Limited Liability Company VARGAS SERVICES, LLC.		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 378 BROADWAY			
City/Town Providence	State RHODE ISLAND	Zip	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: DAVID VALLETA.			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 54 INERA ST.			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02909	
6. The name of the NEW resident agent is: EMILIO VARGAS			
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 Emilio Vargas			Date 10/24/17.
Signature of Authorized Person of the Limited Liability Company 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.n.gov

FILED

OCT 24 2017 1:39

BY **C19846862**