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 STATE
 BUS SVCS DIV
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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 001659257		2. Exact Name of the Limited Liability Company Carey Street Cottage, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 34 Pope Street			
City/Town Newport	State RHODE ISLAND	Zip 02840	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: William E. Traver IV			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 6 Carey Street			
City/Town Newport	State RHODE ISLAND	Zip 02840	
6. The name of the NEW resident agent is: William E. Traver IV			
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 William E. Traver		Date 10/11/17	
Signature of Authorized Person of the Limited Liability Company <i>William E. Traver</i> 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

FILED

OCT 25 2017

STAMP

BY ck 11:49