



State of Rhode Island and Providence Plantations


Department of State - Business Services Division

**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>793182</b>	2. Exact Name of the Limited Liability Company <b>Gertrude Realty, LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>1340 Main Road</b>		
City/Town <b>Tiverton</b>	State <b>RHODE ISLAND</b>	Zip <b>02878</b>
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Stetson W. Eddy</b>		
5. The address of the <b>NEW</b> resident office is: Street Address ( <u>NOT</u> a P.O. Box) <b>3913 Main Road, Unit E</b>		
City/Town <b>Tiverton</b>	State <b>RHODE ISLAND</b>	Zip <b>02878</b>
6. The name of the <b>NEW</b> resident agent is: <b>Joshua R. Holland</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) _____		
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 <b>Theodore A. Platz, III</b>		Date <b>8/10/26/17</b>
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

**FILED**  
STAMP

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BY 

A.A. 10:13AM

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