



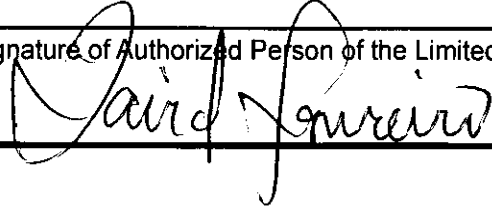
State of Rhode Island and Providence Plantations

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 001654179		2. Exact Name of the Limited Liability Company MAGAZINE A PRACA, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 577 WARREN AVENUE			
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip 02914	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: MARIO J. CARNEIRO			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 572 WOOD STREET			
City/Town BRISTOL	State RHODE ISLAND	Zip 02809	
6. The name of the NEW resident agent is: DAVID V. LOUREIRO			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
☒ Date received (Upon filing)			
☐ 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 DAVID V. LOUREIRO			Date 11/01/2017
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

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