Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

1. Entity ID Number	2. Exact Name of the Limited Liability Company					
001654179	MAGAZINE A PRACA, LLC	MAGAZINE A PRACA, LLC				
3. The address of the resi	ident office as PRESENTLY show	n in the records on file with the	RI Departme	ent of	State:	
Street Address 577 WARR	EN AVENUE					
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02914			
4. The name of the reside	ent agent as PRESENTLY shown i	n the records on file with the R	l Departmen	t of S	tate:	
MARIO J. CARNEIRO						
5. The address of the NE	The state of the s			20:	 -	
Street Address (NOT a P.O. Box) 572 WOOD STREET				AON L	 85日子	
City/Town BRISTOL		State RHODE ISLAND	Zip 02809	-3	27 27 27 27 27 27 27 27 27 27 27 27 27 2	
6. The name of the NEW	resident agent is:		•	Ξ	= SI	
DAVID V. LOUREIRO				Ö	< <u>></u>	
7. Date when this Stateme	ent of Change of Resident Agent v	vill be effective: CHECK ONLY	ONE BOX	Ň.		
✓ Date received (Upon						
Later effective date (Date must be no more than 30 day	ys from the day of filing)				
	l declare and affirm that I have exa , and that all statements contained		ge of Reside	nt Ag	ent by the	
Name of Authorized Person of the Limited Liability Company			Date			
DAVID V. LOUREIRO			11/01/2017			
Signature of Authorized P	erson of the Limited Liability Comp	pany	-			
Jaind	Coureir SIGN DOC	UMENT 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**

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