



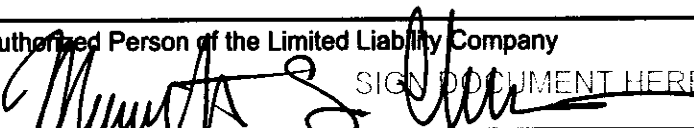
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

## 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>170558</b>	2. Exact Name of the Limited Liability Company <b>CFO Consulting Group, 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>One Park Row, 5th Floor</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</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>Brett P. Smiley</b>		
5. The address of the <b>NEW</b> resident office is: Street Address ( <u>NOT</u> a P.O. Box) <b>ONE Park Row, 5th Floor</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>
6. The name of the <b>NEW</b> resident agent is: <b>Margaretta S. Clurman</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>Margaretta S. Clurman</b>		Date <b>11/02/17</b>
Signature of Authorized Person of the Limited Liability Company 		

**FILED** 12:36

### 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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