



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 1666331	2. Exact Name of the Limited Liability Company Diamond Real Estate Group, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 555 Metacom Ave		
City/Town Bristol	State RHODE ISLAND	Zip 02809
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Karyn DiLorenzo		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 2845 Post Rd - Unit 305		
City/Town Warwick	State RHODE ISLAND	Zip 02886
6. The name of the NEW resident agent is: Richard Fraielli		
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 Karyn DiLorenzo		Date 11/17/17
Signature of Authorized Person of the Limited Liability Company Karyn DiLorenzo		

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 NOV 17 PM 3:41

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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BY **317843**