RI SOS Filing Number: 201754713310 Date: 12/7/2017 11:24:00 AM

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

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CORPORATIONS DIV
2017 DEC -7 AM 11:24

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	2. Exact Name of the Limited Liability Company
1674294	Copper Beech Design, LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address			
	450 Veterans Memorial Parkway Suite 7A		
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:
CT Corporation System

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)			
	2 Ninigret Ave.		
City/Town	Westerly	State **RHODE ISLAND**	Zip 02891

6. The name of the **NEW** resident agent is:
Ann Tighe

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) _____

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	Date
Ann Tighe	12/5/17

Signature of Authorized Person of the Limited Liability Company
A Tighe 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
DEC 07 2017
BY 319326
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FORM 642 - Revised: 07/2016