



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 CORPORATIONS DIV
 2017 DEC 13 AM 10:53

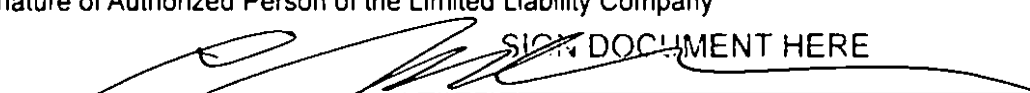
No Fee

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 1339526	2. Exact Name of the Limited Liability Company City Wide Properties LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 2980 6454 Post Rd		
City/Town No. Kingstown	State RHODE ISLAND	Zip 02852
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Christopher A. Cote		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 2980 West Shore Rd Suite 1A		
City/Town Warwick	State RHODE ISLAND	Zip 02886
6. The name of the NEW resident agent is: Christopher A. Cote		
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 Christopher A. Cote		Date 12-12-17
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

FILED

DEC 13 2017 10:55

BY CW 319715



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

December 13, 2017 10:55 AM

The signature is written in a cursive, flowing style in blue ink.

Nellie M. Gorbea
Secretary of State

