



RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2017 DEC 15 AM 10: 23

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 172912	2. Exact Name of the Limited Liability Company Delta 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 2208 Plainfield Pike	
City/Town Johnston	State RHODE ISLAND
Zip 02919	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Joseph R. Vinagro	
5. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 3a Ponagansett Rd	
City/Town Foster	State RHODE ISLAND
Zip 02825	
6. The name of the NEW resident agent is: Michael G Santilli	
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) _____	
<i>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.</i>	
Name of Authorized Person of the Limited Liability Company Michael G Santilli	Date 12-5-2017
Signature of Authorized Person of the Limited Liability Company 	

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 15 2017
 BY **319939**
A.A. 10:23 AM.