



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

Statement of Change of Agent

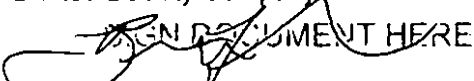
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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SECRETARY OF STATE
CORPORATIONS DIV.
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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 714749	2. Exact Name of the Limited Liability Company B.T. DESIGN + BUILD LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 243 WAPPING Rd		
City/Town PORTSMOUTH	State RHODE ISLAND	Zip 02871
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: BRIAN FISKE		
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 255 PERKHAM Rd		
City/Town LITTLE COMPTON	State RHODE ISLAND	Zip 02837
6. The name of the NEW resident agent is: BRIAN FISKE		
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 Brian Fiske		Date 12/18/2017
Signature of Authorized Person of the Limited Liability Company  BY 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

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BY

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FORM 642 - Revised 07/2016