

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20,00

		ned limited liability company sub ent agent in the State of Rhode	
1. Entity ID Number	2 Exact Name of the Lim	ited Liability Company	<b>1</b>
521668	The Early	learning Centers	of Rhude Island
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address	Salt Pond	RD A#8	
City/Town Walefield		State RHODE ISLAND	02879
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Noelle	Clapham		
5. The address of the <b>NEW</b> re			
Street Address ( <u>NQT</u> a P.O. Box	· · · · · · · · · · · · · · · · · · ·	676 Wa	irren Ave
City/Town	. East Provid	State RHODE ISLAND	zip 029/4
6. The name of the NEW resident agent is:  Michelle Marandola			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon filin	ıg)		
Later effective date (Date	e must be no more than 30	days from the day of filing)	
		examined this Statement of Chined herein are true and correct	
Name of Authorized Person of	f the Limited Liability Comp Philip Ver	-	Date 12/22/2017
Signature of Authorized Perso		OGUN TO NERE	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov