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

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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
1339445	**RUDRAH DARSHAN LLC**

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

Street Address		
944 DOUGLAS PIKE		
City/Town **SMITHFIELD**	State **RHODE ISLAND**	Zip 02917

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

DARSHAN GANDHI

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

Street Address (NOT a P.O. Box)		
372 BROADWAY, SUITE A		
City/Town **PAWTUCKET**	State **RHODE ISLAND**	Zip **02860**

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

R.J. CONNELLY III, ESQ.

7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX

- [x] 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
DARSHAN GANDHI	1/2/18

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
12:16 JAN 18 2018
BY 322056

FORM 642 - Revised 07/2016