



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 JAN 29 PM 1:14

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 298462		2. Exact Name of the Limited Liability Company Hopkins 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 1481 Wampanoag Trail, #3			
City/Town Riverside	State RHODE ISLAND	Zip 02915	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Slapkow Slapkow & Assoc MARTIN P. SLAPKOW			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 11 Pioneer Avenue			
City/Town Rumford	State RHODE ISLAND	Zip 02916	
6. The name of the NEW resident agent is: William A. Hopkins			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 30 days from the date 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 William A. Hopkins		Date January 23, 2018	
Signature of Authorized Person of the Limited Liability Company <i>William A. Hopkins</i> 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

JAN 29 2018

BY 322927

A.A. 1:14pm

FORM 642 - Revised 11/2017