



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 CORPORATIONS DIV

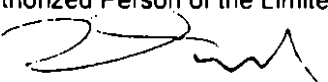
2018 FEB 8 PM 12:38

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 000116444		2. Exact Name of the Limited Liability Company COWAN REALTY, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 909 NORTH MAIN ST			
City/Town Providence	State RHODE ISLAND	Zip 02904	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: STEVEN I. ROSENBAUM			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 909 NORTH MAIN ST			
City/Town Providence	State RHODE ISLAND	Zip 02904	
6. The name of the NEW resident agent is: John Murnity			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
☒ 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 DAVID MAIKIN			Date 2/1/18
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

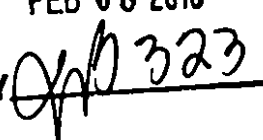
MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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