RI SOS Filing Number: 201857886290 Date: 2/8/2018 12:40:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RÉCEIVED SECRETARY OF STATE CORPORATIONS DIV

2018 FEB 58 PM 12: 38

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL			
following statement for the purpose		<u>- </u>	and:
1. Entity ID Number 2. Ex	xact Name of the Limited	Liability Company	
000116444	COWAN REN	11	
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			
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 1. ROSENBAUM			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) GOG NORTH MANN ST			
City/Town Providence		State	Zip 02904
Providente		RHODE ISLAND	027.9
6. The name of the NEW resident a		RHODE ISLAND	027.9
	agent is:	RHODE ISLAND	027.9
6. The name of the NEW resident a John Mur N . 7. Date when this Statement of Cha	agent is: HY		
6. The name of the NEW resident a	agent is: HY		
6. The name of the NEW resident a John Mur N . 7. Date when this Statement of Cha	agent is: I-fy ange of Resident Agent w	vill be effective: CHECK ONLY	
6. The name of the NEW resident a Tohn Mur No. 7. Date when this Statement of Charles Date received (Upon filing)	agent is: I-fy ange of Resident Agent we at be no more than 30 day and affirm that I have exa	vill be effective: CHECK ONLY vs from the day of filing) vs mined this Statement of Chan	ONE BOX
6. The name of the NEW resident a John Mur M 7. Date when this Statement of Cha Date received (Upon filing) Later effective date (Date mus Under penalty of perjury, I declare a	agent is: IHY ange of Resident Agent we state the no more than 30 days and affirm that I have exampled all statements contained.	vill be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chan I herein are true and correct.	ONE BOX
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 0 8 2018

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