



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2018 FEB - 9 AM 11:23

**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 <b>001665907</b>	2. Exact Name of the Limited Liability Company <b>Haven Brothers Mobile, LLC</b>		
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>301 Peomenade Street</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02908</b>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Lynn E. Riley, Esq.</b>			
5. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>530 Greenwich Avenue</b>			
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip <b>02886</b>	
6. The name of the <b>NEW</b> resident agent is: <b>Michael T. Prew, Esq.</b>			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <b>Patrizia Prew</b>			Date <b>1/29/2018</b>
Signature of Authorized Person of the Limited Liability Company <b>SIGN DOCUMENT HERE</b>			

**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**

**FEB 09 2018**

BY 323905  
**A.A. HAZAN**

FORM 642 - Revised: 11/2017