



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

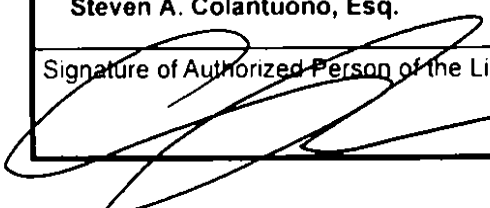
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Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

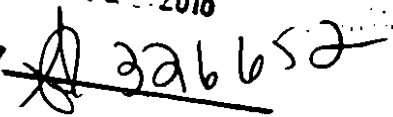
→ Filing Fee: \$20.00

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 000160112		2. Exact Name of the Limited Liability Company Fio Partners, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 940 Quaker Lane, Unit 2905			
City/Town East Greenwich		State RHODE ISLAND	Zip 02818
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Jane S. Arsenault			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) Pawtuxet Village, 2100 Broad Street			
City/Town Cranston		State RHODE ISLAND	Zip 02905
6. The name of the NEW resident agent is: Steven A. Colantuono, Esquire			
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 Steven A. Colantuono, Esq.			Date 03.14.18
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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BY  326652
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