



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

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 CORPORATIONS DIV
 2018 APR 02 PM 1:07

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 1680664		2. Exact Name of the Limited Liability Company Simolin Services, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 29 Atwood Ave			
City/Town North 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: Christopher K. Simolin			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 29 Atwood Ave			
City/Town North Providence	State RHODE ISLAND	Zip 02904	
6. The name of the NEW resident agent is: Patricia A. Simolin			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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 Patricia A. Simolin			Date 4/2/2018
Signature of Authorized Person of the Limited Liability Company Patricia A. Simolin			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

1:07 pm
FILED
 APR 02 2018
 BY **327879**