



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 APR 23 AM 11:18

# 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>000 528634</b>		2. Exact Name of the Limited Liability Company <b>HARTFORD PROPERTY 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><del>41 BOURQUE ROAD</del> 85 Douglas Pike</b>			
City/Town <b><del>CUMBERLAND</del> Smithfield</b>		State <b>RHODE ISLAND</b>	Zip <b><del>02864</del> 02917</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>BEN ACETO, CPA</b>			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>41 BOURQUE ROAD</b>			
City/Town <b>Cumberland</b>		State <b>RHODE ISLAND</b>	Zip <b>02864</b>
6. The name of the <b>NEW</b> resident agent is: <b>James HARTFORD</b>			
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 <b>VIRAVANH HARTFORD</b>			Date <b>4/19/2018</b>
Signature of Authorized Person of the Limited Liability Company <b>Viravanh Hartford</b> 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

11.18

**FILED STAMP**

**APR 23 2018**

BY **0239234**