RI SOS Filing Number: 201862807990 Date: 4/25/2018 1:20:00 PM



Statement of Change of Agent

→ Filing Fee: \$20.00

DOMESTIC or FOREIGN Limited Liability Company Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the

following statement for the pur	pose of changing its resident a	gent in the State of Knode Isla	ind.
Entity ID Number	2. Exact Name of the Limited Liability Company		
000485422	Hassenfeld Family Initiatives, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Addres 246 Plairie Avenul Suite1			
City/Town Providence		State RHODE ISLAND	0-2905
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Norman G. Orodenker, Esquire			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 807 Broad Street, Ste 100			
City/Town Providence		State RHODE ISLAND	^{Zip} 02907
6. The name of the NEW resident agent is:			
Casby Harrison III, 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		1	Date
Alan G. Hass	en-feld		april 9, 2018
Signature of Authorized Person of the Limited Liability Company			
r and Nossenfald SIGN DOCTHENT 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