



Statement of Change of Agent ADD Rest DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00 NO fel

| following statement for the purpose of changing its resident agent in the State of Rhode Island:   |  |
|--|--|
| Entity ID Number     Exact Name of the Limited   |  |
| 560680 CEUZ AUTO .   | SALES & TILL REDAIR  |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:   |  |
| Street Address 21 Steven 5 Road  |  |
| City/Town Clanston   | State RHODE ISLAND Zip 02910   |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State  |  |
| Dania alle   |  |
| 5. The address of the <b>NEW</b> resident office is:   |  |
| Street Address (NOT a P.O. Box)  37 AM ERICH 57  |  |
| CITY/TOWN RIANSTON RI  | RHODE ISLAND Zig 2920  |
|  |  |
| 6. The name of the <b>NEW</b> resident agent is:   |  |
| 6. The name of the <b>NEW</b> resident agent is:   |  |
| 7. Date when this Statement of Change of Resident Agent v  |  |
| 7. Date when this Statement of Change of Resident Agent v  Date received (Upon filing)   | rill be effective: CHECK ONLY ONE BOX  |
| 7. Date when this Statement of Change of Resident Agent v Date received (Upon filing) Later effective date (Date must be no more than 30 da Under penalty of perjury, I declare and affirm that I have exa Limited Liability Company, and that all statements contained  | ys from the day of filing) mined this Statement of Change of Resident Agent by the I herein are true and correct.  |
| 7. Date when this Statement of Change of Resident Agent v Date received (Upon filing) Later effective date (Date must be no more than 30 da Under penalty of perjury, I declare and affirm that I have exa   | ys from the day of filing) mined this Statement of Change of Resident Agent by the I herein are true and correct.  |
| 7. Date when this Statement of Change of Resident Agent v Date received (Upon filing) Later effective date (Date must be no more than 30 da Under penalty of perjury, I declare and affirm that I have exa Limited Liability Company, and that all statements contained Name of Authorized Person of the Limited Liability Company   | rill be effective: CHECK ONLY ONE BOX  ys from the day of filing)  minned this Statement of Change of Resident Agent by the herein are true and correct.  Date  5 8 2016 |
| 7. Date when this Statement of Change of Resident Agent v Date received (Upon filing) Later effective date (Date must be no more than 30 da Under penalty of perjury, I declare and affirm that I have exact Limited Liability Company, and that all statements contained Name of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company | rill be effective: CHECK ONLY ONE BOX  ys from the day of filing)  minned this Statement of Change of Resident Agent by the herein are true and correct.  Date  5 8 2016 |

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** 

STAMP

MAY 0 8 2018

BY A.A. 3:59 p.m