



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY 22 PM 1:31

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 001678797		2. Exact Name of the Limited Liability Company JENNI AUTO REPAIR LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 861 Reservoir ave ste 2			
City/Town Cranston		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: TAX PLUS LLC			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 1159 EDDY ST			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02905
6. The name of the NEW resident agent is: JOSE A RAMIREZ			
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 JOSE A RAMIREZ			Date 05/21/2018
Signature of Authorized Person of the Limited Liability Company <i>Jose Ramirez</i> 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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