



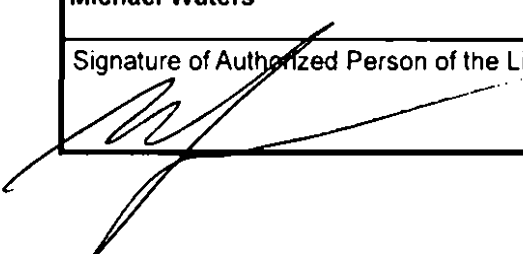
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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<br><b>001336498</b>                                                                                                                                                                         |                              | 2. Exact Name of the Limited Liability Company<br><b>Summit Realty &amp; Property Management Group, 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>536 Atwells Avenue</b>                                                                                                                                                                        |                              |                                                                                                             |                         |
| City/Town<br><b>Providence</b>                                                                                                                                                                                  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02909</b>                                                                                         |                         |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State<br><b>Robert A. D'Amico II</b>                                                               |                              |                                                                                                             |                         |
| 5. The address of the <b>NEW</b> resident office is:                                                                                                                                                            |                              |                                                                                                             |                         |
| Street Address ( <u>NOT</u> a P.O. Box) <b>214 Broadway</b>                                                                                                                                                     |                              |                                                                                                             |                         |
| City/Town<br><b>Providence</b>                                                                                                                                                                                  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02903</b>                                                                                         |                         |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>Kayla S. O'Connor, Esq.</b>                                                                                                                              |                              |                                                                                                             |                         |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                            |                              |                                                                                                             |                         |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                 |                              |                                                                                                             |                         |
| <input type="checkbox"/> 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<br><b>Michael Waters</b>                                                                                                                             |                              |                                                                                                             | Date<br><b>06/05/18</b> |
| Signature of Authorized Person of the Limited Liability Company<br><br>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](http://www.sos.ri.gov)

**FILED**

JUN 05 2018  
BY  2603594  
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