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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN -5 PM 1:56

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	2. Exact Name of the Limited Liability Company
001336498	**Summit Realty & Property Management Group, LLC**

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
536 Atwells Avenue		
City/Town **Providence**	State **RHODE ISLAND**	Zip **02909**

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Robert A. D'Amico II

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
214 Broadway		
City/Town **Providence**	State **RHODE ISLAND**	Zip **02903**

6. The name of the **NEW** resident agent is:

Kayla S. O'Connor, Esq.

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	Date
Michael Waters	06/05/18

Signature of Authorized Person of the Limited Liability Company

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

FILED

JUN 05 2018

BY 2603594

1:56

FORM 642 - Revised 11/2017