RI SOS Filing Number: 201868825060 Date: 6/7/2018 10:54:00 AM



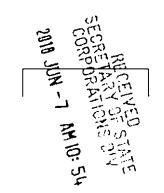
State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



	of RIGL <u>7-16-11</u> the undersigned purpose of changing its resident		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
101321	Harvest Moon LLC		
3. The address of the resi	dent office as PRESENTLY show	vn in the records on file with the	RI Department of State:
Street Address 104	1 ten Rod Rod	ad, Suite B	
City/Town NUUTH V	Lingstown	State RHODE ISLAND	zir 02857-
4. The name of the reside	nt agent as PRESENTLY shown	in the records on file with the R	I Department of State:
Mark A. McSally			
5. The address of the NE	W resident office is:		
Street Address (NOT a P.O.	Box) 60 South County Commor	ns Way, Suite G4	
City/Town Wakefield		State RHODE ISLAND	<sup>Zip</sup> <b>02879</b>
6. The name of the <b>NEW</b>	resident agent is:		
James V. Aukerman			
7. Date when this Stateme	ent 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 d	ays from the date of filing)	
	I declare and affirm that I have e. , and that all statements contain		nge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
John E. Fish, Jr.			
Signature of Authorized P	erson of the Limited Liability Cor	mpany CEMENT VIEWE	
	<i>V</i> = -		<del></del>

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** 

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FORM 642 - Revised: 11/2017