



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2018 JUN 28 12:16 PM

**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 <b>1679329</b>		2. Exact Name of the Limited Liability Company <b>Block Hires LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>222 Jefferson Blvd Suite 200</b>			
City/Town <b>WARRICK</b>		State <b>RHODE ISLAND</b>	Zip <b>02888</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>Legal Inc Corporate Services Inc</b>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>2227 Mineral Spring Ave</b>			
City/Town <b>N. Prov</b>		State <b>RHODE ISLAND</b>	Zip <b>02911</b>
6. The name of the NEW resident agent is: <b>Ronald DeThomas</b>			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <b>Frank Aiello</b>			Date <b>6/28/2018</b>
Signature of Authorized Person of the Limited Liability Company <span style="float: right;">SIGN DOCUMENT HERE</span>			

**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 28 2018

BY **333817**  
**A.A. 12:16 PM**

FORM 642 - Revised 11/2017