



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

Office

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUL 11 AM 10:48
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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. Entry ID Number 882633	2. Exact Name of the Limited Liability Company Union Pearl LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 95 Longfellow Road		
City/Town Jamestown	State RHODE ISLAND	Zip 02835
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Kathryn Wooley Dutton		
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 6 Calvert Place (PO Box 346)		
City/Town Jamestown	State RHODE ISLAND	Zip 02835
6. The name of the NEW resident agent is: Kathryn Wooley Dutton		
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 KATHRYN WOOLEY DUTTON		Date 7/9/18
Signature of Authorized Person of the Limited Liability Company <i>K. Wooley Dutton</i> _____ 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

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BY *CM* 10:48



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

July 11, 2018 10:48 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

