RI SOS Filing Number: 201873644140 Date: 7/30/2018 1:13:00 PM



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

ollowing statement for the pu	urpose of changing its resid	dent agent in the State of Rhode Is	land:
Entity ID Number 2. Exact Name of the Limited Liability Company			
01065138	Local Home S	Services LLC	W
		shown in the records on file with the	e RI Department of State:
Street Address 2 Williams St	reet 14 Merrix	mac RD	
City/Town Providence-	Jorth Smtholie	mac RD  State RHODE ISLAND	Zip_ <del>02903</del> 02890
4. The name of the resident	agent as PRESENTLY she	own in the records on file with the I	RI Department of State:
Brian Fuentes			
5. The address of the <b>NEW</b>			
Street Address (NQT a P.O Box	x) 2 Williams Street		
City/Town Providence		State RHODE ISLAND	<sup>Z<sub>IP</sub></sup> 02903
6. The name of the <b>NEW</b> res	sident agent is:	•	
Troy L. Costa			
7. Date when this Statement	t of Change of Resident Ag	gent will be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon file	ing)		
Later effective date (Da	ate must be no more than 3	30 days from the date of filing)	
		re examined this Statement of Cha tained herein are true and correct.	nge of Resident Agent by the
Name of Authorized Person	of the Limited Liability Cor	mpany	Date
Raymond Leung			7/27/18
Signature of Aythorized Pers	son of the Limited Liability	Company	
4/	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

**STAMP** 

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