RI SOS Filing Number: 201875788310 Date: 8/24/2018 11:20:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STAT CORPORATION DIVE

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

		limited liability company submit igent in the State of Rhode Isla	
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000128472	ANTONIO AND AIDA REALTY, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 235 Taunton Avenue			
City/Town East Providence		State RHODE ISLAND	Zip 02915
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Antonio A. Arruda			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 5 Benefit Street			
City/Town Providence		State RHODE ISLAND	^{Zip} 02904
City/Town Providence 6. The name of the NEW residence	dent agent is:	RHODE ISLAND	^{Zip} 02904
	dent agent is:	RHODE ISLAND	^{Zip} 02904
6. The name of the NEW residence A. Sousa, Esquire 7. Date when this Statement	of Change of Resident Agent w	State RHODE ISLAND	02904
6. The name of the NEW residuous A. Sousa, Esquire 7. Date when this Statement of Date received (Upon filling)	of Change of Resident Agent w	RHODE ISLAND	02904
6. The name of the NEW residence Louis A. Sousa, Esquire 7. Date when this Statement of Date received (Upon filling Later effective date (Date	of Change of Resident Agent wing) e must be no more than 30 day	vill be effective: CHECK ONLY	ONE BOX
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6. The name of the NEW residence Louis A. Sousa, Esquire 7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I dec Limited Liability Company, and	of Change of Resident Agent wing) e must be no more than 30 day clare and affirm that I have exa	vill be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chang therein are true and correct.	ONE BOX
6. The name of the NEW residence Louis A. Sousa, Esquire 7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I dec Limited Liability Company, and	of Change of Resident Agent wing) e must be no more than 30 day clare and affirm that I have exa and that all statements contained	vill be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chang therein are true and correct.	ONE BOX ge of Resident Agent by the
6. The name of the NEW residence Louis A. Sousa, Esquire 7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I dec Limited Liability Company, and Name of Authorized Person of Antonio A. Arruda	of Change of Resident Agent wing) e must be no more than 30 day clare and affirm that I have exa and that all statements contained	vill be effective: CHECK ONLY ys from the day of filing) amined this Statement of Chang therein are true and correct.	ONE BOX ge of Resident Agent by the

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 11.30

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STAMP
AUG 2 4 2018