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

STAMP: RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2018 SEP -4 AM 9:34

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	2. Exact Name of the Limited Liability Company
000146100	Orsola LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
303 Jefferson Blvd		
City/Town: Warwick	State: **RHODE ISLAND**	Zip: 02888

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Micheal S. Pezzullo

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
23 Reynolds Ave.		
City/Town: North Prov	State: **RHODE ISLAND**	Zip: 02911

6. The name of the **NEW** resident agent is:

Orsola Angelino

7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX

- [x] Date received (Upon filing)
- [ ] Later effective date (Date must be no more than 30 days from the day 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	Date
Orsola Angelino	8/31/18

Signature of Authorized Person of the Limited Liability Company

Orsola Angelino 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

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SEP 04 2018
BY 1336625 9:35

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