



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

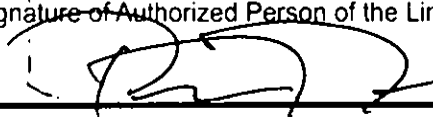
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~

NO fee

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2018 SEP 10 PM 12:39

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 000791768	2. Exact Name of the Limited Liability Company Spectrum REC, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 1725 Mendon Road Suite 201		
City/Town Cumberland	State RHODE ISLAND	Zip 02864
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Pete Dufresne		
5. The address of the NEW resident office is:		
Street Address (<u>NOT</u> a P.O. Box) 14 Breakneck Hill Road Suite 101		
City/Town Lincoln	State RHODE ISLAND	Zip 02865
6. The name of the NEW resident agent is: Peter Dufresne		
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 Peter Dufresne		Date 9/4/2018
Signature of Authorized Person of the Limited Liability Company  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

FILED

SEP 10 2018

BY

A.A. 12:39 PM

FORM 642 - Revised 11/2017

642 A



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:

September 10, 2018 12:39 PM

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

