State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

Statement of Change of Agent ADDRESS

DOMESTIC or FOREIGN Limited Liability Company

~~Filing Fee: $20.00~~ NO fee

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
000791768	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 (NOT 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	Date
Peter Dufresne	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. 12:39pm.

FORM 642 - Revised 11/2017

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