



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

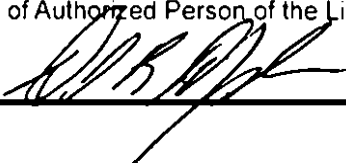
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SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP 12 AM 9:02

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 following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 109734		2. Exact Name of the Limited Liability Company Spruce Equity Advisors LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1301 Atwood Ave ste 215 N			
City/Town Johnston		State RHODE ISLAND	Zip 02919
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Gene M Carlino Esq.			
5. The address of the NEW resident office is: 56 PINE ST. 3rd FL			
Street Address (NOT a P.O. Box)			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
6. The name of the NEW resident agent is: John O. Mancini			
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 DAVID DESTARINS			Date 9-12-18
Signature of Authorized Person of the Limited Liability Company 			

MAIL TO:

Division of Business Services

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

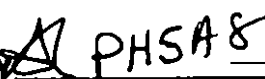
Phone: (401) 222-3040

Website: www.sos.ri.gov

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