State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation LCC

→ Filing Fee: \$20.00

RECEIVED RETARY OF STAT PORATIONS DIV

Pursuant to the provisions of RIGL 7-16-11 _ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

following statement for the purpose of c	hanging its registered	agent in the Stat	e of Rhode Is	sland:		<u>/Ti</u>
1. Entity ID Number 2. Exac	t Name of the Corpora	ition				
487882 Sec	Ina Markt	ting Par	thers	, LL	1	
3. The address of the registered office	as PRESENTLY show	vn in the records	on file with th	ie RI Depa	rtment of St	ate:
Street Address 5 FORT HILL ROAD						
City/Town BRISTOL		State RHODE ISLAND		Zip 62809		
4. The name of the registered agent as PRESENTLY shown in the records on file with the Rt Department of State:						
ELIZABETH M. TANNER, ESq.						
5. The address of the NEW registered office is:						
Street Address (<u>NQT</u> a P.O. Box)						
lo	e Farmer, CPA			T		
L City/ lown	State Street		ISLAND	Zip		
6. The name of the NEW register	/arren, RI 02885			<u> </u>		
o. The name of the WEW register						
		•		<u>-</u> .		
7. Date when this Statement of Change of Registered 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 Corporation, and that all statements c			ment of Chan	ge of Regi	stered Ager	it by the
Name of Authorized Officer of the Cor	poration			Date		
ELIZAbeth M. TANNER, ESq. 08/25/18						
Signature of Authorized Officer of the Corporation						
SRREDUL OMENT HERZ						
		-				

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

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