



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 CORPORATIONS DIV
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Statement of Change of AgentDOMESTIC or FOREIGN LLC ~~corporation~~

→ Filing Fee: \$20.00

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

1. Entity ID Number <u>809286</u>		2. Exact Name of the Corporation <u>FOUR CORNERS, LLC</u>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <u>5 FORT HILL ROAD</u>			
City/Town <u>BRISTOL</u>		State <u>RHODE ISLAND</u>	Zip <u>02809</u>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <u>ELIZABETH M. TANNER, ESQ.</u>			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box)		Joe Farmer, CPA Farmer & First P.C.	
City/Town		6 State Street Warren, RI 02885	ISLAND Zip
6. The name of the NEW register			
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 affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation <u>ELIZABETH M. TANNER, ESQ.</u>			Date <u>08/25/18</u>
Signature of Authorized Officer of the Corporation 			

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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BY CM CLK# 3431