RI SOS Filing Number: 201879607040 Date: 10/17/2018 12:39:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

SECRETARY OF STATE CORPORATIONS DIV

Pursuant to the provisions of RIGL <u>7-16-11</u> 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		
000/28064	EMCD REALTY LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address O. C			
Street Address HT THE WILLTH AVENUE 91 Friendship St., Suite one City/Town State RHODE ISLAND Zip CLESS 02903			
City/Town		State RHODE ISLAND	Zip
• • • • • • • • • • • • • • • • • • • •			
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Derney + Demencary			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)			
3 8 Up Lava WAY City/Town State Zip			
l *		State RHODE ISLAND	Zip
BARRMETON		KHODE ISLAND	02806
6. The name of the NEW resident agent is:			
WILLIAM J. DOLANON			
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
			10/16/12
Signature of Authorized Person of the Limited Liability Company			10[(2] 12
Wiene S 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

12:39

FILED

OCT 17 2018
AKC