



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 OCT 12 PM 12:40

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 001068181	2. Exact Name of the Limited Liability Company ELAN CONCIERGE LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1000 GREENWICH AVENUE	
City/Town WARWICK	State RHODE ISLAND Zip 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: FRADIN+ COMPANY LTD. INC	
5. The address of the NEW resident office is Street Address (NOT a PO Box) 41 LONG WHARF MALL	
City/Town NEWPORT	State RHODE ISLAND Zip 02840
6. The name of the NEW resident agent is. ADAM FINANCIAL, LLP	
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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 STACIA MEZRAY	Date 10.10.18
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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2018 OCT 29 PM 12:21

FILED

OCT 29 2018

BY

A.A. 12:40pm

FORM 642 - Revised 11/2017