



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

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2018 OCT 31 PM 12:30

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 1679607		2. Exact Name of the Limited Liability Company Create Better Days, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 962 Warwick Avenue			
City/Town Warwick		State RHODE ISLAND	Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Lucille Vega			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 1 Richmond Square, Suite 165W			
City/Town Providence		State RHODE ISLAND	Zip 02906
6. The name of the NEW resident agent is: Jeffrey Chase-Lubitz, Esq.			
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 Jessica Cotton			Date 10-31-18
Signature of Authorized Person of the Limited Liability Company Jessica Cotton 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

FILED

OCT 31 2018

BY **KL Ø2 BGP**

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