RI SOS Filing Number: 201881552480 Date: 11/20/2018 1:47:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Addess

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$2000

R.I. DEPT. OF STATE BUS SYCS DIV

2018 NOV -5 PM 1: 47

Pursuant to the provisions of RIGL / following statement for the purpose of						
	act Name of the Limite					
000663774 Fun	ictional Aest	etic Desig	n-Build	LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:						
Street Address 64 Earle St. #5						
City/Town Providence, RI	02909	State RHODE	ISLAND	Zip _	<u>۔ </u>	, _
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:						
Gordon Max						
5. The address of the NEW resident office is:						
Street Address (NOT a P.O. Box) 99 Dover St.						
City/Town Providence		State RHODE	ISLAND	Zip 0290	R.J.	
City/Town Providence State RHODE ISLAND Zip 0290 5 7 7 6. The name of the NEW resident agent is:						
Gordon Moss						
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 a Limited Liability Company, and that				nge of Reside	nt Agent by the	
Name of Authorized Person of the Limited Liability Company				Date		
Gordon Mac				- -	2018	
Signature of Authorized Person of the Limited Liability Company						
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

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