



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

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2018 NOV 21 PM 2:13

### Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 office in the State of Rhode Island:

|   |                              |  |                         |
|---|------------------------------|--|-------------------------|
| 1. Entity ID Number<br><b>000092866</b>   |                              | 2. Exact Name of the Limited Liability Company<br><b>Desmond Auto Body and Sales LLC</b> |                         |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |                              |  |                         |
| Street Address<br><b>69 Beth St.</b>  |                              |  |                         |
| City/Town<br><b>Prov.</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02908</b>  |                         |
| 4. The address of the <b>NEW</b> resident office is:  |                              |  |                         |
| Street Address (NOT a P.O. Box)<br><b>21 Fly Tib Ct.</b>  |                              |  |                         |
| City/Town<br><b>Jamestown</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02835</b>  |                         |
| 5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX   |                              |  |                         |
| <input checked="" type="checkbox"/> Date received (Upon filing)   |                              |  |                         |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day 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<br><b>Peter D. White</b>   |                              |  | Date<br><b>11-21-18</b> |
| Signature of Authorized Person of the Limited Liability Company<br><b>Peter D. White</b> 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](http://www.sos.ri.gov)

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BY CK KMNJM



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

November 21, 2018 02:13 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

