



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

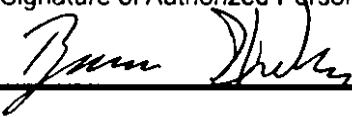
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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2018 DEC 10 AM 11:29

### 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:

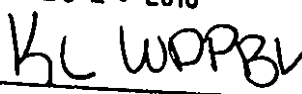
1. Entity ID Number <b>1660802</b>		2. Exact Name of the Limited Liability Company <b>Land FX Landscaping, LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>1070 Main Street</b>			
City/Town <b>Coventry</b>	State <b>RHODE ISLAND</b>	Zip <b>02816</b>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Peter D. Nolan</b>			
5. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>441 Weaver Hill Road</b>			
City/Town <b>West Greenwich</b>	State <b>RHODE ISLAND</b>	Zip <b>02817</b>	
6. The name of the <b>NEW</b> resident agent is: <b>Benjamin Sheldon</b>			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 <b>BEnjamin Sheldon</b>		Date <b>12-5-18</b>	
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**

**STAMP**

DEC 10 2018  
BY   
11:29