



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

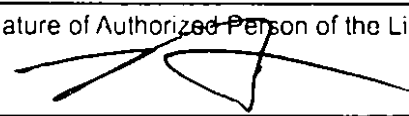
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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 DEC 20 PM 12:13

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 001660188	2. Exact Name of the Limited Liability Company BINGO Properties, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 176 Eddie Dowling Highway		
City/Town North Smithfield	State RHODE ISLAND	Zip 02896
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Aram P. Jarret, III, Esq.		
5. The address of the NEW resident office is:		
Street Address (<u>NOT</u> a P.O. Box) One Financial Plaza, Suite 1430		
City/Town Providence	State RHODE ISLAND	Zip 02903
6. The name of the NEW resident agent is: Roger A. Peters II, 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 Roger A. Peters II, Esq.		Date 12/19/18
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

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