RI SOS Filing Number: 201883067360 Date: 12/21/2018 1:15:00 PM



## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

following statement for the pur	pose of changing its resident a	gent in the State of Rhode Isla	ind:
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000157188	BROWNSTONE PUBLISHING LLC		
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 222 JEFFERSON BOULEVARD, SUITE 200			
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:			
CORPORATION SERVICE COMPANY			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suitc 7A			
City/Town East Providence,		RHODE ISLAND	Zip 02914
6. The name of the NEW resident agent is:			
C T Corporation System			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
□ Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day of filing)			
Under penalty of perjury, I de Limited Liability Company, an	clare and affirm that I have exa d that all statements contained	mined this Statement of Chan herein are true and correct.	ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Kristin R. Brown, ACP			11/21/2018
Signature of Authorized Person	on of the Limited Liability Comp SIGN DOCK	Dany UMENT 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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DET 2/1 2018

FORM 642 - Revised 07/2016