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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 JAN -8 AM 11:03 AM

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 927142		2. Exact Name of the Limited Liability Company AAA Pest Control LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 33 Esck Hopkins Rd			
City/Town Scituate		State RHODE ISLAND	Zip 02857
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: MARC Thibault			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 9 Settlers way			
City/Town Scituate		State RHODE ISLAND	Zip 02857
6. The name of the NEW resident agent is: JASON THIBAULT			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input 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 JASON THIBAULT			Date 1/8/19
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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 BY CM 188SR