



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JAN 29 AM 9:52

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 <i>1687636</i>	2. Exact Name of the Limited Liability Company <i>Krystal Clean, LLC</i>
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address <i>685 East Ave</i>	
City/Town <i>Warwick</i>	State RHODE ISLAND
Zip <i>02886</i>	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:	
<i>JD Laundry LLC</i>	
5. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) <i>515 Pontiac Ave</i>	
City/Town <i>Cranston</i>	State RHODE ISLAND
Zip <i>02910</i>	
6. The name of the NEW resident agent is:	
<i>Allyzon K. Santos</i>	
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Name of Authorized Person of the Limited Liability Company <i>Allyzon K. Santos</i>	Date <i>1-21-19</i>
Signature of Authorized Person of the Limited Liability Company <i>Allyzon Santos</i>	

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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BY *CM* EEKIF