



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

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CORPORATIONS DIV
2019 MAR 13 AM 11:48

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 001670793		2. Exact Name of the Limited Liability Company DRD Realty, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 957 West Shore Road			
City/Town Warwick	State RHODE ISLAND	Zip 02889	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Donna Rowey			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 425 Pavilion Avenue			
City/Town Warwick	State RHODE ISLAND	Zip 02888	
6. The name of the NEW resident agent is: Donna Rowey			
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) _____			
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 Donna Rowey			Date 3/8/19
Signature of Authorized Person of the Limited Liability Company <i>Donna Rowey</i> 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

MAR 13 2019

BY *KLZSRdc*
11:48



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

March 13, 2019 11:48 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

