



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

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SECRETARY OF STATE  
CORPORATION DIVISION  
2019 APR 25 AM 9:57

### 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 <b>125256</b>		2. Exact Name of the Limited Liability Company <b>LIZ Development Group LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>55 Pine Street</b>			
City/Town <b>Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02903</b>
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>JOSEPH P. FERRUCCI, ESQUIRE</b>			
5. The address of the <b>NEW</b> resident office is: Street Address ( <b>NOT</b> a P.O. Box) <b>4 Fox Place</b>			
City/Town <b>Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02903</b>
6. The name of the <b>NEW</b> resident agent is: <b>Derek Mesobella</b>			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" 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 <b>Derek Mesobella</b>			Date <b>4/25/2019</b>
Signature of Authorized Person of the Limited Liability Company <b>D Mesobella</b> 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](http://www.sos.ri.gov)

FILED

STAMP

APR 25 2019  
BY **ENR40**  
**A.A. 10:05 A.M.**

FORM 642 - Revised: 07/2016