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## **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:	<u> </u>

ollowing statement for the	purpose of changing its resident a	igent in the State of Rhode Isla	and:		
Entity ID Number	2. Exact Name of the Limited Liability Company				
001679384	CONTRERAS CO	CONTRERAS CONSULTATION LLC			
	ident office as PRESENTLY shown	in the records on file with the	RI Department of State:		
Street Address 42 KOSSU	TH STREET	· · · · · · · · · · · · · · · · · · ·			
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> <b>02909</b>		
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:					
YAJAIRA CONTRERAS			•		
5. The address of the NEW resident office is:					
	Box) 861 RESERVOIR AVENUE S	STE 2			
City/Town CRANSTON		RHODE ISLAND	<sup>Zip</sup> 02910		
6. The name of the <b>NEW</b>	resident agent is:				
TAXPLUS LLC					
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY					
✓ Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the date of filing)					
Under penalty of perjury, Limited Liability Company	I declare and affirm that I have exa y, and that all statements contained	nmined this Statement of Chan I herein are true and correct.	ge of Resident Agent by the		
Name of Authorized Person of the Limited Liability Company			Date		
YAJAIRA CONTRERAS			05/30/2019		
Signature of Authorized Person of the Limited Liability Company					
X yaira	Contreras SIGN DOC	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 JUN 01 2019 1:05 By On 42082