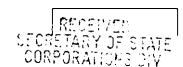
RI SOS Filing Number: 201995613110 Date: 6/6/2019 11:10:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division



2019 JUN - S AM II: 10

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of F following statement for the pur			
1. Entity ID Number			
000506207	Sand Hill Cove Properties, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State.			
Street Address 60 South County Commons Way, G4			
City/Town Wakefield		State RHODE ISLAND	Zip 02879
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
James V. Aukerman, Esq.			
5 The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 144 Wayland Avenue			
City/Town Providence		State RHODE ISLAND	^{Zip} 02906
6. The name of the NEW resident agent is:			
Orson and Brusini Ltd.			
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, 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 Date			
Cotherine M. Holmes 6/6/19			
Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Company Signature of the Company Si			

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 0 6 2019 11:10 BY CA 2X16 8