RI SOS Filing Number: 201996261130 Date: 6/11/2019 12:11:00 PM



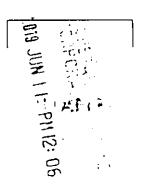
State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## 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

2. Exact Name of the Limited Liability Company

1. Entity ID Number 000486684	2. Exact Name of the Limited Liability Company VALLEY REALTY HOLDING COMPANY, LLC		
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 1301 ATWOO	D AVENUE, SUITE 215N		
City/Town JOHNSTON		State RHODE ISLAND	Zip <b>02919</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
GENE CARLINO, ESQ.			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box)  10 DORRANCE STREET			
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02903
6. The name of the NEW resident agent is:			
WOLPERT & ASSOCIATES , エゥヒ・			
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)			
	clare and affirm that I have exa nd that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
MARIO TODISCO			6/10/19
Signature of Authorized Pers	on of the Limited Liability Comp	oany 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 FILED

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