



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

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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:

1. Entity ID Number 1678150	2. Exact Name of the Limited Liability Company Elvie Lounge LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address One Turks Head Place, 17th Floor	
City/Town Providence	State RHODE ISLAND
Zip 02903	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Zachary B. Darroux	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 319 Pocasset Ave, Unit 5	
City/Town Providence	State RHODE ISLAND
Zip 02909	
6. The name of the NEW resident agent is: Demetrio Beltre (Demetrio Beltre)	
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 Demetrio Beltre	Date 07/18/19
Signature of Authorized Person of the Limited Liability Company <i>Demetrio Beltre</i>	

MAIL TO:
 Division of Business Services
 148 W River Street Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY KL 9EXCG
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