

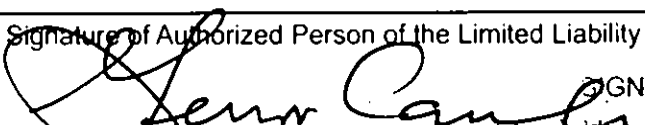


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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2019 JUL 22 AM 11:53

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 103982	2. Exact Name of the Limited Liability Company ATLANTIC COAST REALTY, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 127 DORRANCE STREET, SECOND 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: MARK A. FAY		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 1301 ATWOOD AVENUE, SUITE 215N		
City/Town JOHNSTON	State RHODE ISLAND	Zip 02919
6. The name of the NEW resident agent is: GENE M. CARLINO		
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) _____		
<i>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.</i>		
Name of Authorized Person of the Limited Liability Company GENE M. CARLINO	Date 07/16/2019	
Signature of Authorized Person of the Limited Liability Company 		
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

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