



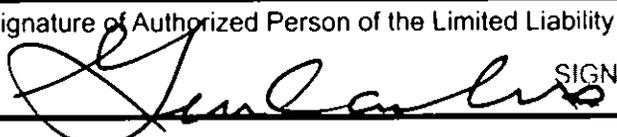
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**Statement of Change of Agent**

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<br><b>103983</b>   | 2. Exact Name of the Limited Liability Company<br><b>ATLANTIC INLAND, LLC</b> |                  |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address <b>127 DORRANCE STREET, SECOND FLOOR</b>   |   |                  |
| City/Town <b>PROVIDENCE</b>  | State <b>RHODE ISLAND</b>   | Zip <b>02903</b> |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>MARK A. FAY</b>  |   |                  |
| 5. The address of the <b>NEW</b> resident office is:<br>Street Address ( <u>NQT</u> a P.O. Box) <b>1301 ATWOOD AVENUE, SUITE 215N</b>  |   |                  |
| City/Town <b>JOHNSTON</b>  | State <b>RHODE ISLAND</b>   | Zip <b>02919</b> |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>GENE M. CARLINO</b>   |   |                  |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b><br><input checked="" type="checkbox"/> Date received (Upon filing)<br><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<br><b>GENE M. CARLINO, MANAGER</b>  | Date<br><b>07/16/2019</b>   |                  |
| Signature of Authorized Person of the Limited Liability Company<br>   |   |                  |
| 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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