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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: 2. Exact Name of the Limited Liability Company 1. Entity ID Number 101325 LEHIGH 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 Zip **RHODE ISLAND** 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 (NOT a P.O. Box) 1301 ATWOOD AVENUE, SUITE 215N City/Town JOHNSTON Zip **02919** State **RHODE ISLAND** 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 ✓ 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 07/16/2019 GENE M. CARLINO 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 **FILED**

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