Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

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	purpose of changing its resident ag		and:
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
149263	PRIMCO JEFFERSON, LLC		
3. The address of the res	ident office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 127 DORR	ANCE STREET, SECOND FLOOR	_	
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
4. The name of the reside	ent agent as PRESENTLY shown in	the records on file with the R	I Department of State:
MARK A. FAY			
5. The address of the NE	W resident office is:		
Street Address (NOT a P.O.	Box) 1301 ATWOOD AVENUE, SU	ITE 215N	
City/Town JOHNSTON		RHODE ISLAND	^{Zip} 02919
6. The name of the NEW	resident agent is:		<u></u>
GENE M. CARLINO			
7. Date when this Statem	ent of Change of Resident Agent wi	Il be effective: CHECK ONE	BOX ONLY
✓ Date received (Upo			
Later effective date	(Date must be no more than 90 day:	s from the date of filing)	·
	I declare and affirm that I have exar y, and that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
GENE M. CARLINO, MANAGER			7/16/2019
Signature of Authorized F	erson of the Limited Liability Compa	any	*
	Sign Doci	JMENT HERE	
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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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