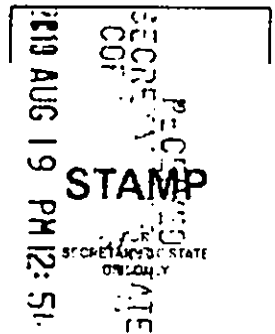




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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:

| | | | |
|--|--|--|--------------------------|
| 1. Entity ID Number 000138646 | | 2. Exact Name of the Limited Liability Company Bella Sand, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 23 Business Park Drive | | | |
| City/Town Smithfield | | State RHODE ISLAND | Zip 02917 |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: W. Mark Russo | | | |
| 5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 56 Pine Street, 3rd Floor | | | |
| City/Town Providence | | State RHODE ISLAND | Zip 02903 |
| 6. The name of the NEW resident agent is: John Mancini | | | |
| 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 Tracy DiGregorio | | | Date 8/15/2019 |
| Signature of Authorized Person of the Limited Liability Company | | | |

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

