



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

2019 AUG 23 PM 12:15
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.

Statement of Change of Agent
 DOMESTIC or FOREIGN ~~Business Corporation~~

→ Filing Fee: \$20.00

LLC
7-16

Pursuant to the provisions of RIGL ~~7-12-502~~ or ~~7-12-1409~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 001657206	2. Exact Name of the Corporation FAMILY DISCOUNT FURNITURE, LLC
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 16 SUSAN CIRCLE	
City/Town Johnston	State RHODE ISLAND Zip 02919
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: RYAN COLETTA	
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 56 Pine Street, 3rd Floor	
City/Town Providence	State RHODE ISLAND Zip 02903
6. The name of the NEW registered agent is: Thomas P. Carter, Esquire	
7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>	
Name of Authorized Officer of the Corporation Ryan Coletta	Date 8/21/2019
Signature of Authorized Officer of the Corporation <i>Ryan Coletta</i> 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

12:15
FILED

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BY *[Signature]* **223616**