



RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2019 AUG 30 PM 12:08

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 001680592	2. Exact Name of the Limited Liability Company The Coletta Group LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 50 Phillips Street	
City/Town North Kingstown	State RHODE ISLAND Zip 02852
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Anthony Coletta	
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 175 Hamilton Allenton Road	
City/Town North Kingstown	State RHODE ISLAND Zip 02852
6. The name of the NEW resident agent is: <i>Same</i>	
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) _____	
<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 Anthony Coletta	Date 8/17/2019
Signature of Authorized Person of the Limited Liability Company <i>Anthony J. Coletta</i>	

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 *12:08*
AUG 30 2019
 BY *Ch JN3AK1*