



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS. S. CS DIV.

2019 SEP -4 P 3:45

Statement of Change of Agent

STA. P

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 917428		2. Exact Name of the Limited Liability Company LIG 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 915 Smith ST			
City/Town Providence	State RHODE ISLAND	Zip 02908	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Joseph Tudino			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 47 Austin Ave			
City/Town Greenville	State RHODE ISLAND	Zip 02828	
6. The name of the NEW resident agent is: Oleg Kishkovich			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day 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 Oleg Kishkovich			Date 09-04-19
Signature of Authorized Person of the Limited Liability Company [Signature] 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

SEP 04 2019

BY **Ch FID3A**