



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent *Office*
 DOMESTIC or FOREIGN Limited Liability Company
→ Filing Fee: \$20.00 *no fee*
 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2019 SEP - 6 AM 11:41

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 705101		2. Exact Name of the Limited Liability Company MJD Industries, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 755 Black Plain Road			
City/Town North Smithfield		State RHODE ISLAND	Zip 02896
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Matthew J Desautel			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 163 Old Great Road			
City/Town North Smithfield		State RHODE ISLAND	Zip 02896
6. The name of the NEW resident agent is: Matthew J Desautel			
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 Matthew J Desautel			Date 9/3/2019
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

FILED

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 06, 2019 11:41 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

