

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of R	IGL <u>7-16-11</u> the undersigned I	imited liability company submi	ts the
1. Entity ID Number 2. Exact Name of the Limited Liability Company			
·			
001676988 JAG Investments LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 322 Jet	Ferson Blup	Suite 200	
City/Town WARWI	ck	State RHODE ISLAND	Zip 02-388
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
LegalINL Copporate Services INC			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)			
4 SI VERWOOD LN			
City/Town West W	ARWICK	RHODE ISLAND	Zip 02893
6. The name of the NEW resident agent is			
John F. Glanct			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)			
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			Date
JOHN Y. GIANCY Signature of Authorized Person of the Limited Liability Company			9-9-2019
Signature of Authorized Person of the Limited Liability Company			
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 HLED

SEP 09 2019 BY KL SWCGD 17:17

31.4