



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2019 SEP 20 AM 11:59

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 76313		2. Exact Name of the Limited Liability Company KARMIK, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 294 Valley Road			
City/Town Middletown	State RHODE ISLAND	Zip 02842	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Joseph H. Palumbo JR			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 81 Beagle Drive			
City/Town Middletown	State RHODE ISLAND	Zip 02842	
6. The name of the NEW resident agent is: Michael J. Pimental			
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 Michael J. Pimental			Date 9/19/19
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 20 2019

BY **KL MITAZD**

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