RI SOS Filing Number: 201922337650 Date: 10/2/2019 11:56:00 AM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

R.I. DEPT. OF STATE
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Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

iolowing statement for the pur	pose or changing its resident a	gent in the State of Knode Isla	nu.
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001680214	Aborn 2018 LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address One Turks Head Place, 12th Floor			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Darrow Everett LLP			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 46 Aborn Street 4th Floor			
City/Town Providence		State RHODE ISLAND	^{Zip} 02903
6. The name of the NEW resident agent is:			
Arnold B. Chace, Jr.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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			Date
Jason R. Bouchard			9/26/2019
Signature of Authorized Person of the Limited Liability Company			
Jam R. Million SIGN DOCUMENT HERE			
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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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