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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

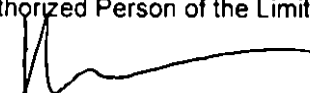
Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

STAMP

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 001685325	2. Exact Name of the Limited Liability Company 474 WEEDEN ST LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 2 STAFFORD CT			
City/Town CRANSTON	State RHODE ISLAND	Zip 02920	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: THOMAS H. DIPRETE			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 53 DOYLE AVE			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02906	
6. The name of the NEW resident agent is: KEITH FERNANDES			
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 KEITH FERNANDES			Date 3rd OCT 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

FILED

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BY  WDRR2