



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2019 OCT -4 P 1:28

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 <u>1686692</u>	2. Exact Name of the Limited Liability Company <u>The Blue Truck Co.</u>
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State. Street Address <u>73 Olive St</u>	
City/Town <u>Pawtucket</u>	State RHODE ISLAND
Zip <u>02860</u>	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <u>Jaime Hernandez</u>	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) <u>29 Belmont Ave</u>	
City/Town <u>Providence</u>	State RHODE ISLAND
Zip <u>02908</u>	
6. The name of the NEW resident agent is: <u>Amer Santiago</u>	
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) _____	
<i>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.</i>	
Name of Authorized Person of the Limited Liability Company <u>The blue truck co.</u>	Date <u>10/4/19</u>
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
OCT 04 2019
 BY CK GGENK
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