



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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2019 OCT - 9 P 1:09  
ST:

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<br><b>1696486</b>   |  | 2. Exact Name of the Limited Liability Company<br><b>RNC Real Estate Investments LLC</b> |                        |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |  |  |                        |
| Street Address<br><b>91 Lena Street</b>   |  |  |                        |
| City/Town<br><b>East Providence</b>   |  | State<br><b>RHODE ISLAND</b>   | Zip<br><b>02914</b>    |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Nancy Bullens</b>   |  |  |                        |
| 5. The address of the <b>NEW</b> resident office is:  |  |  |                        |
| Street Address ( <u>NOT</u> a P.O. Box)<br><b>SAME</b>  |  |  |                        |
| City/Town   |  | State<br><b>RHODE ISLAND</b>   | Zip                    |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>Chris Bullens</b>  |  |  |                        |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>  |  |  |                        |
| <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<br><b>Chris Bullens</b>  |  |  | Date<br><b>10/9/19</b> |
| Signature of Authorized Person of the Limited Liability Company<br><br>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 09 2019**

BY **Ch 9MV PG**  
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