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

Statement of Change of Agent
DOMESTIC or FOREIGN ~~Business Corporation~~ LLC

→ Filing Fee: $20.00

7-16-11

Pursuant to the provisions of RIGL ~~7-1-2-502 or 7-1-2-1409~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the ~~Corporation~~ LLC
001674306	**BrieAnna Patrick LLC**

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address **531 Fletcher road**

City/Town **North Kingstown**	State **RHODE ISLAND**	Zip **02852**

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Paul Patrick

5. The address of the **NEW** registered office is:

Street Address (<u>NOT</u> a P.O. Box) **166 valley st, Apt 6m320**

City/Town **Providence**	State **RHODE ISLAND**	Zip **02909**

6. The name of the **NEW** registered agent is:

BrieAnna Patrick

7. Date when this Statement of Change of Registered Agent will be effective: **CHECK ONE BOX ONLY**

[✓] Date received (Upon filing)

[ ] Later effective date (Date must be no more than 30 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.

Name of Authorized Officer of the ~~Corporation~~ LLC	Date
Paul Patrick	**10/11/19**

Signature of Authorized Officer of the ~~Corporation~~ LLC

SIGN HERE

FILED

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BY

FORM 640 Revised 04/2...

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