



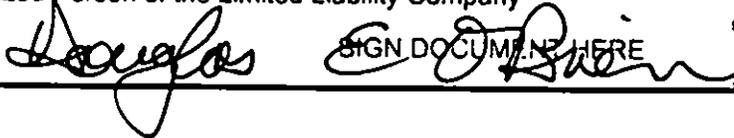
State of Rhode Island and Providence Plantations
Department of State - Business Services Division



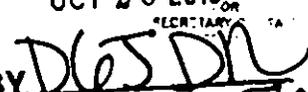
Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 742498		2. Exact Name of the Limited Liability Company O'BRIEN MARINE MANAGEMENT, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 8 FREEBODY STREET, P.O. BOX 549			
City/Town NEWPORT	State RHODE ISLAND	Zip 02840	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JAMES F. HYMAN, ESQ.			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 461 POPPA-SQUASHIT RD			
City/Town BRISTOL	State RHODE ISLAND	Zip 02809	
6. The name of the NEW resident agent is: DOUGLAS OBRIEN			
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 30 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 DOUGLAS OBRIEN		Date 10/22/19	
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 STAMP
 OCT 28 2019
 SECRETARY OF STATE
 BY: 
A.A. 1:05 PM
 FORM 642 - Revised 11/2017