



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 NOV -4 PM 12:23

# 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>1065131</u>	2. Exact Name of the Limited Liability Company OCEAN COUNTY CONSTRUCTION, LLC	
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 15 Franklin St		
City/Town Westerly	State <b>RHODE ISLAND</b>	Zip 02891
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: George A. Commolli, ESQ		
5. The address of the <b>NEW</b> resident office is:		
Street Address ( <b>NOT</b> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence,	State <b>RHODE ISLAND</b>	Zip 02914
6. The name of the <b>NEW</b> resident agent is: C T Corporation System		
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day 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 Adam Vernott		Date 10/29/2019
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](http://www.sos.ri.gov)

**FILED**

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BY An SHSMQ  
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