



RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2019 DEC 25 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 798220	2. Exact Name of the Limited Liability Company Table LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 23 Nayatt Road	
City/Town Barrington	State RHODE ISLAND Zip 02806
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Yvonne Weiss	
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 69A Annawamscutt Road	
City/Town Barrington	State RHODE ISLAND Zip 02806
6. The name of the NEW resident agent is: Claude Lochet	
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 Claude Lochet	Date 12/2/19
Signature of Authorized Person of the Limited Liability Company <div style="text-align: center;">SIGN DOCUMENT HERE</div>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

STAMP
 DEC 05 2019
 ETD8A
 A.A. 12:23 PM
 FORM 642 - Revised: 12/2018