



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

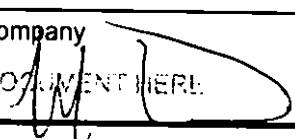
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 DEPARTMENT OF STATE
 CORPORATIONS DIV
 2020 JAN 15 PM 1:47

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 001700940		2. Exact Name of the Limited Liability Company PARA LEGACY, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 95 CHEROKEE DRIVE			
City/Town PORTSMOUTH	State RHODE ISLAND	Zip 02871	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JAMES G. PARASCANDOLO			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 272 WEST EXCHANGE STREET			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
6. The name of the NEW resident agent is: Brian LaPlante, Esq.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ 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 Mark E. Liberati, Esq.			Date 1/15/2020
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

1:47 JAN 15 2020
 BY **KL QFEYS**