RI SOS Filing Number: 202034241110 Date: 2/12/2020 11:54:00 AM

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

2020 FEB 12 AM 11:54
SECRETARY OF STATE
CORPORATIONS DIV

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	2. Exact Name of the Limited Liability Company
000141987	H & M Properties, LLC

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

Street Address			
300 Centerville Road, Summit West, Suite 300			
City/Town: Warwick	State: **RHODE ISLAND**	Zip: 02886	

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

Jeffrey F. Caffrey, ESQ

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

Street Address (NOT a P.O. Box)		
30 Ocean Road		
City/Town: Narragansett	State: **RHODE ISLAND**	Zip: 02882

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

Michael Aiello

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) _____

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	Date
[signature]	2-9-2020

Signature of Authorized Person of the Limited Liability Company

[signature] 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

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FORM 642 - Revised: 12/2018