



RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2020 FEB 24 PM 1:01

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Limited Liability Company~~
~~Corporation~~ *7-1.2-508*

→ 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 000014536		2. Exact Name of the Limited Liability Company <i>Corporation</i> Kardinal Land, Inc	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 28 Dawn Marie Dr.			
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: DeVere V. Carney, Jr.			
5. The address of the NEW resident office is: Street Address (NOI a P O Box) 850 Aquidneck Ave. Suite B-11			
City/Town Middletown		State RHODE ISLAND	Zip 02842
6. The name of the NEW resident agent is: David J. Fox, Esq.			
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) _____			
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 <i>Corporation</i> Erin M. Rogers		Date 2/20/2020	
Signature of Authorized Person of the Limited Liability Company <i>Corporation</i> <i>Erin M. Rogers</i>			

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

FEB 24 2020

KL 4HSH7
1:01