



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 SECRETARY OF STATE  
 CORPORATIONS DIV

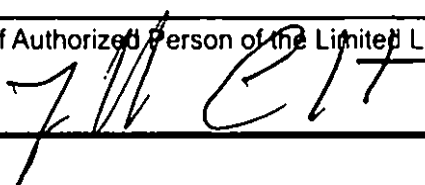
## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

2020 MAR 13 PM 12:31

→ 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 <b>001671060</b>		2. Exact Name of the Limited Liability Company <b>MRJ, LLC</b>	
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 <b>C/O Point Gammon Corp. 46 Aborn Street, 4th Floor</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Point Gammon Corp.</b>			
5. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>C/O EMB, LLC, 1 W Exchange St., Suite 3202</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
6. The name of the <b>NEW</b> resident agent is: <b>EMB, LLC</b>			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 <b>Malcolm G. Chace</b>			Date <b>3/11/2020</b>
Signature of Authorized Person of the Limited Liability Company 			

## MAIL TO:

Division of Business Services

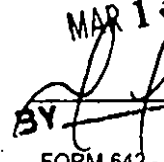
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 13 2020

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FORM 642 - Revised: 12/2018