



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

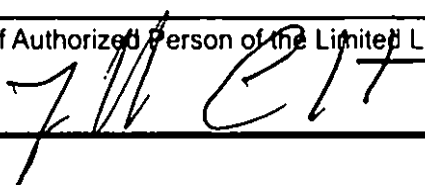
2020 MAR 13 PM 12:31

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

MAIL TO:

Division of Business Services

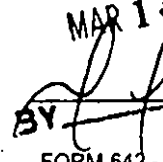
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY  2/11/20
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FORM 642 - Revised: 12/2018