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	2. Exact Name of the Limited Liability Company
001671060	**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 (NOT 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	Date
Malcolm G. Chace	**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
MAR 13 2020
BY 12:31

FORM 642 - Revised: 12/2018