## INSTRUCTIONS FOR FILING STATEMENT OF CHANGE OF RESIDENT AGENT OR ADDRESS OF RESIDENT AGENT, OR BOTH

- 1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in Items 2 and 4 of the preceding form currently appears in the records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
- 2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the resident agent. A statement submitted with a post office box address only will not be accepted for filing.
- 3. The statement must be signed on behalf of the limited liability company by an authorized person which authorizes the change.
- 4. The fee for filing the Statement of Change of Resident Agent or Address of Resident Agent is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a resident agent's address is changed to another address in this state, the resident agent may change the address by completing the statement below instead of the preceding form. This statement must be signed by the resident agent, or on the resident agent's behalf, and submitted for filing with the \$20.00 filing fee made payable to the Rhode Island Secretary of State. Again, it is recommended that you call the Corporations Division prior to submitting the Statement to verify that the information required in item 2 below currently appears in the records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

ID Number: \_ 102754 Filing Fee: \$20.00

## STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT

age	rsuant to the provisions of Section 7-16- ent, or the person signing on behalf of the agent's address within this state:	11(c)(1) of the General Laws, 1956, as amended resident agent, submits the following statement for	, the undersigned resider or the purpose of changin
1.	The name of the limited liability company E.J.A. Development, LLC	is:	
2.	The address of the resident agent as PF State is:  McGovern Noel & Benik, One BankBost	RESENTLY shown in the records on file with the foundation Plaza, 18th Fl., Prov., RI 02903	Rhode Island Segretary of RET 26
3.	The NEW address of the resident agent is 86 Weybosset Street, Providence, RI 0		2 50
4.	The change of address of the resident upon filing	agent shall become effective upon the filing of	P 22
	(a date not prior to, no	r more than 30 days after, the filing of this Statement)	
		Under penalty of perjury, I declare that herein is true and correct.	t the information contained
Da	ate: 7 · 25 · 60	Jonathan N. Savage	
	DAID	Print Name of Reside	nt Agent

Signature

Form No. 642 Revised: 01/99