



RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 MAR 30 A 11:21

**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	
001705486		BELL INVESTMENTS, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address: 133 Old Tower Rd. Suite 1			
City/Town	State	Zip	
WAKEFIELD	RHODE ISLAND	02879	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
STEPHEN B. KENYON			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box): 345 MAIN STREET			
City/Town	State	Zip	
WAKEFIELD	RHODE ISLAND	02879	
6. The name of the NEW resident agent is:			
DENNIS W. BELL			
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		Date	
Dennis W. Bell		3/26/20	
Signature of Authorized Person of the Limited Liability Company			
Dennis W. Bell		SIGN DOCUMENT HERE	

**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 30 2020

BY: [Signature] 11:34