



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2020 APR -3 P 4: 05

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 001679496		2. Exact Name of the Limited Liability Company Hone LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 270 Bellevue Avenue # 306			
City/Town Newport		State RHODE ISLAND	Zip 02840
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Rebecca N Mancini			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 69 Metcalf Avenue			
City/Town North Providence		State RHODE ISLAND	Zip 02911
6. The name of the NEW resident agent is: Estifanos Shay			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day 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 Estifanos Shay			Date 4/3/2020
Signature of Authorized Person of the Limited Liability Company 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

APR 09 2020

BY 5AFQV

A.A. 8:43 A.M.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 APR -9 A 8:42