RI SOS Filing Number: 202037490920 Date: 4/13/2020 1:23:00 PM



Statement of Change of Agent				515.8	:D
OOMESTIC or FOREIGN Limited Liability Company				APA	BUS
→ Filing Fee: \$20.00				13	SV.
•	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident a			Ū	CS DIV
Entity ID Number	Exact Name of the Limited Liability Company				Ť
001706014	Defenders, LLC			w	ľ
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department	of State:	
Street Address 222 JEFFERSO	N BOULEVARD, SUITE 200				
City/Town WARWICK		State RHODE ISLAND	Zip 02888		
4. The name of the resident a	igent as PRESENTLY shown in	n the records on file with the R	I Department of	State:	
CORPORATION SERVICE CO	OMPANY				
5. The address of the NEW re				··	
Street Address ( <u>NQT</u> a P.O. Box	450 Veterans Memorial Parkwa	y, Suite 7A			Ì
City/Town East Providence		State RHODE ISLAND	Zip 02914		
6. The name of the <b>NEW</b> resi	dent agent is:				
C T Corporation System					İ
7. Date when this Statement	of Change of Resident Agent v	vill be effective: CHECK ONE	BOX ONLY		
X Date received (Upon filli	ng)				ł
Later effective date (Dat	te must be no more than 90 da	ys from the date of filing)			
Under penalty of perjury, I de Limited Liability Company, ar	clare and affirm that I have exe nd that all statements contained	amined this Statement of Char d herein are true and correct.	nge of Resident	Agent by the	
Name of Authorized Person of the Limited Liability Company			Date		
Jennifer Kurz, Authorized Person			04/13/2020		
Signature of Authorized Pers	on of the Limited Liability Com	pany			
JK-	SIGN DOC	OMENT 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 STAINT APR 1 3 2020

BY MITHER THE THE TAIL APR 1 3 2020

FORM 642 - Revised: 12/2018