



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

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R.I. DEPT. OF STATE  
BUS SVCS DIV

# Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

2020 MAY 21 AM 10:21

→ 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 <b>000784755</b>		2. Exact Name of the Limited Liability Company <b>WJR Plumbing and Heating LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>30 River Rd</b>			
City/Town <b>Ashaway</b>		State <b>RHODE ISLAND</b>	Zip <b>02804</b>
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>William Richmond Jr</b>			
5. The address of the <b>NEW</b> resident office is:			
Street Address ( <b>NOT</b> a P.O. Box) <b>26 Riverdale Rd 26 Riverdale RD</b>			
City/Town <b>Westbury</b>		State <b>RHODE ISLAND</b>	Zip <b>02891</b>
6. The name of the <b>NEW</b> resident agent is: <b>Joellyn Rojas</b>			
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 <b>William Richmond Jr</b>			Date <b>April 29 2020</b>
Signature of Authorized Person of the Limited Liability Company <b>[Signature]</b> 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](http://www.sos.ri.gov)

**FILED** STAMP

MAY 21 2020

BY **MJAW3**  
**A.A. 10:24 A.M.**  
FORM 642 - Revised: 07/2016