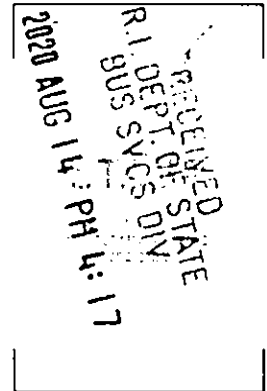




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

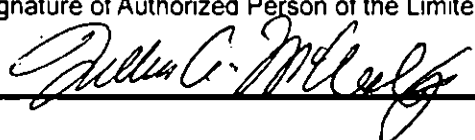


## Statement of Change of Agent

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<br><b>128526</b>  |                              | 2. Exact Name of the Limited Liability Company<br><b>Dealership Software, 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>The Meadows, 1130 Ten Rod Road, B-206</b>   |                              |   |  |
| City/Town<br><b>North Kingstown</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02852</b>   |  |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Robert H. Breslin, Jr., Esq.</b>  |                              |   |  |
| 5. The address of the <b>NEW</b> resident office is:  |                              |   |  |
| Street Address ( <u>NOT</u> a P.O. Box) <b>1 Wagon Wheel Ln.</b>  |                              |   |  |
| City/Town<br><b>Lincoln</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02865</b>   |  |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>William A. McAuley</b>   |                              |   |  |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>  |                              |   |  |
| <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<br><b>William A. McAuley</b>   |                              | Date<br><b>8/11/2020</b>  |  |
| Signature of Authorized Person of the Limited Liability Company<br> 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)

