



State of Rhode Island

## Department of State - Business Services Division

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RI DEPT. OF STATE  
BUS SVCS DIV  
2020 OCT - 6 AM 9:27

## Statement of Change of Agent

ADDRESS

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

NO fee

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 001674316		2. Exact Name of the Limited Liability Company D L A Services, LLC	
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 16 Hill St			
City/Town North Providence		State <b>RHODE ISLAND</b>	Zip 02904
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: David Annaldo			
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 11 Clemenceau St			
City/Town East Providence		State <b>RHODE ISLAND</b>	Zip 02914
6. The name of the <b>NEW</b> resident agent is: SAME - David Annaldo			
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 Shelley Annaldo			Date 10/1/20
Signature of Authorized Person of the Limited Liability Company 			

## 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

OCT 06 2020

...A.A. 9:27A.M.



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 06, 2020 09:27 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

