



State of Rhode Island

Department of State - Business Services Division

**Statement of Change of Agent**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20:00

 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 OCT 14 AM 9:21

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|                                                                                                                                                                                                     |                                                                  |              |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------|-------------------|
| 1. Entity ID Number<br>134002                                                                                                                                                                       | 2. Exact Name of the Corporation<br>L & R REALTY ASSOCIATES, LLC |              |                   |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |                                                                  |              |                   |
| Street Address<br>11 Industrial Drive                                                                                                                                                               |                                                                  |              |                   |
| City/Town<br>Smithfield                                                                                                                                                                             | State<br>RHODE ISLAND                                            | Zip<br>02917 |                   |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Robert Rotondo                                                             |                                                                  |              |                   |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |                                                                  |              |                   |
| Street Address ( <u>NOT</u> a P.O. Box)<br>150 A South Killingly Road                                                                                                                               |                                                                  |              |                   |
| City/Town<br>Foster                                                                                                                                                                                 | State<br>RHODE ISLAND                                            | Zip<br>02825 |                   |
| 6. The name of the <b>NEW</b> registered agent is:<br>Robert Rotondo                                                                                                                                |                                                                  |              |                   |
| 7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____                                                                                     |                                                                  |              |                   |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct. |                                                                  |              |                   |
| Name of Authorized Officer of the Corporation<br>Robert Rotondo, Member :                                                                                                                           |                                                                  |              | Date<br>9/29/2020 |
| Signature of Authorized Officer of the Corporation<br>x                                                                                                                                             |                                                                  |              |                   |

**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**<sup>m</sup>

OCT 14 2020

 BY Cu JPCMN  
 9:21