RI SOS Filing Number: 202065331820 Date: 10/16/2020 12:12:00 PM



## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> 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 2. Exact Name of the Limited Liability Company SmartFlower Solar, LLC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:  Street Address 16 HARBOUR TERRACE  City/Town CRANSTON  State RHODE ISLAND  Zip 02905  4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:  DENNIS DUFFY  5. The address of the NEW resident office is:  Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200  City/Town Warwick  State RHODE ISLAND  Zip 02888  6. The name of the NEW resident agent is:
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City/Town Warwick State RHODE ISLAND Zip 02888  6. The name of the NEW resident agent is:
6. The name of the NEW resident agent is:
Corporation Service Company
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY
✓ Date received (Upon filing)
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 Date
CHERYL DONEGAN Oct 15, 2020
Signature of Authorized Person of the Limited Liability Company
Cheryl-A-Donegan AF NT HERE  Cheryl A Conegan (Dat 15 1007) 13 56 5071

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

