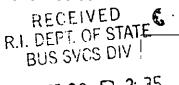
RI SOS Filing Number: 202069602340 Date: 10/28/2020 2:35:00 PM





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Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

STAMP

FOR SECRETARY OF STATE USE DALY

	RIGL <u>7-16-11</u> the undersigned li rpose of changing its resident a		
Entity ID Number	Exact Name of the Limited Liability Company		
156884	Scary Acres, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 197 Taunton Avenue, SUILL 202			
City/Town East Providence		State RHODE ISLAND	Zip* 02914
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
A. Larry Berren, Esq.			
5. The address of the NEW resident office is			
Street Address (NOT a P.O. Box) 197 Taunton Avenue			
City/Town East Providence		State RHODE ISLAND	Z ₁ p 02914
6. The name of the NEW resident agent is:			
David N. Bazar, Esq.			
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
Vincent J. Confreda, Manager			10-6-20
Signature of Authorized Pers	on of the Limited Liability Comp	pany	

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 28 2020

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