1010 OCT 29 A 11

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

	RIGL <u>7-16-11</u> the undersigned li		
lowing statement for the purpose of changing its resident agent in the State of Rhode Island: 2. Exact Name of the Limited Liability Company			
•	SPL propention		
3. The address of the residen	it office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address	Populalneck	-Hill RD Sto	200
City/Town - Sun Coln		State RHODE ISLAND	zip02865
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
ARAM P. JARRET, JR., FSQ.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 14 BREAKNECK HILL ROAD, SUITE 200			
City/Town LINCOLN		State RHODE ISLAND	Zip 02865
6. The name of the NEW resi	dent agent is:		
ARAM P. JARRET III, ESQ.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing	ng)		
Later effective date (Date must be no more than 90 days from the date of filing)			
	clare and affirm that I have exa nd that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
STEPHEN P. LACASSE			10/15/200
Signature of Authorized Person of the Limited Liability Company			
Theyen S. Togans			
7			

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 29 2020

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