



State of Rhode Island

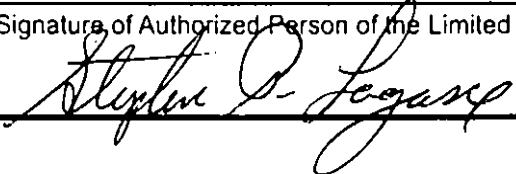
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 000718215	2. Exact Name of the Limited Liability Company River Overlook Properties LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address: 14 Breakneck Hill Rd Suite 200		
City/Town Lincoln	State RHODE ISLAND	Zip 02865
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., ESQ.		
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 resident 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) ☐ 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 STEPHEN P LABASSE		Date 10/15/2020
Signature of Authorized Person of the Limited Liability Company 		

MAIL TO:

Division of Business Services

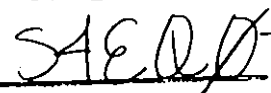
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

OCT 29 2020

BY 

A.A. 11:20 A.M.

FORM 642 - Revised: 08/2020

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