



State of Rhode Island

Department of State - Business Services Division

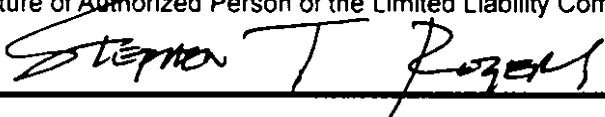
2019 OCT 30 P  
STATE

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 001683314		2. Exact Name of the Limited Liability Company Stephen Rogers Architect, LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 222 Jefferson Boulevard, Suite 200			
City/Town Warwick		State RHODE ISLAND	Zip 02888
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: United States Corporation Agents, Inc.			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 16 Elm Street			
City/Town Wakefield		State RHODE ISLAND	Zip 02879
6. The name of the <b>NEW</b> resident agent is: Stephen Rogers			
7. Date when this Statement of Change of Resident 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 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 Rogers			Date 10/27/2020
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

4:08  
**FILED**

OCT 30 2020

BY 