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State of Rhode Island

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Department of State - Business Services Division 041 C 2020 NOV 16 A 9 30

: 2020 NOV 12 P 12: 36

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20:00 No \$CL

owing statement for the purpose of changing its res Entity ID Number 2. Exact Name of the L	Limited Liability Company
	5, LLC
The address of the resident office as PRESENTLY	shown in the records on file with the RI Department of State:
reet Address 225 Broad w	au
Providence	State RHODE ISLAND Zip 02903
The name of the resident agent as PRESENTLY shaped to the second	nown in the records on file with the RI Department of State:
The address of the NEW resident office is:	
eet Address (NOT a P.O. Box) 3 70 Atwoo	d Ave
Cranston	State RHODE ISLAND Zip 02920
The name of the NEW resident agent is:	cmbardi
Date when this Statement of Change of Resident Ag	gent will be effective: CHECK ONE BOX ONLY
Date received (Upon filing)	
Later effective date (Date must be no more than 9	90 days from the date of filing)
	ve examined this Statement of Change of Resident Agent by the
me of Authorized Person of the Limited Liability Cor	
trank S. Lon	· · · · · · · · · · · · · · · · · · ·
nature 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

NOV 16 2020

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

November 16, 2020 09:30 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

