



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV.
 2021 JAN 21 P 1:04

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:

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|--|---|
| 1. Entity ID Number 001708484 | 2. Exact Name of the Limited Liability Company Compass Concierge, I.L.C. |
| 3. The address of the resident office as PRESENTLY 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 PRESENTLY shown in the records on file with the RI Department of State: CORPORATION SERVICE COMPANY | |
| 5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A | |
| City/Town East Providence | State RHODE ISLAND Zip 02914 |
| 6. The name of the NEW resident agent is: C T Corporation System | |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY | |
| <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) _____ | |
| <i>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.</i> | |
| Name of Authorized Person of the Limited Liability Company Chloe Alpert | Date 1/20/2021 |
| 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 1:04
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 BY KRYTF