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State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Limited Liability Company~~ Corp

→ Filing Fee: $20.00

7-1.2-502

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	2. Exact Name of the ~~Limited Liability Company~~ Corp
000798452	Santo Landscaping, Inc.

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
130 Touro Street		
City/Town: Newport	State: **RHODE ISLAND**	Zip: 02840

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Richard M. Fisher, Esq.

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
627 Green End Avenue		
City/Town: Middletown	State: **RHODE ISLAND**	Zip: 02842

6. The name of the **NEW** resident agent is:

Frank Santos

7. Date when this Statement of Change of Resident Agent will be effective: **CHECK ONE BOX ONLY**

- [x] 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~~ Corp	Date
Richard M. Fisher, Esq.	2/8/2021

Signature of Authorized Person of the ~~Limited Liability Company~~ Corp

Richard M. Fisher

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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