



State of Rhode Island
Department of State - Business Services Division

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 RI DEPT. OF STATE
 BUS SVCS DIV
 2021 FEB 12 PM 2:26

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Limited Liability Company~~ **CWLP**

→ 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 000061133	2. Exact Name of The Limited Liability Company CWLP Sound Building Corp.
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 (<u>NOT</u> a P.O. Box) 140 Malee Terrace	
City/Town Portsmouth	State RHODE ISLAND Zip 02871
6. The name of the NEW resident agent is: Robert J. Brooks	
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)	
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 Richard M. Fisher, Esq.	Date 2/8/2021
Signature of Authorized Person of the Limited Liability Company CORP <i>Richard M. Fisher</i>	

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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A.A. 2:26 p.m.
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