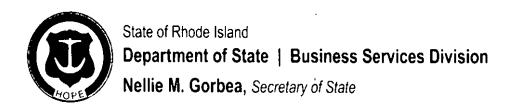
STATEMENT OF RESIGNATION OF REGISTERED A	GEN	T
1. ENTITY NAME: CORNOLSTONE CAPITAL STALKTEGIES, LIC	2021 FE	און. פר ב
2. REGISTERED AGENT NAME: Adm. CLAVEL	9	3 SYC 2 S SYC
3. STATEMENT OF RESIGNATION:  By the signature appearing below, the registered agent hereby resigns from the appoint	₹ tment d	S DIV S DIV S DIV
registered agent for the entity named above. The appointment as registered agent term resignation is effective) as of the thirty-first day after the date on which the Registered Resignation is received by the state under whose jurisdiction the entity conducts busine upon appointment of a new registered agent, whichever is earlier.	ind <b>ië</b> s : Agent	(the <sup>m</sup>
4. NAME AND ADDRESS OF THE PERSON AT THE COMPANY THAT THE REG AGENT WILL SEND THEIR NOTICE OF RESIGNATION TO: Louis Bainste 134 Addres Point Od.	SISTER	
BARRINGTON, RI 02806		<del></del>
5. DATE: 1/15/21  6. SIGNATURE OF REGISTERED AGENT.	•	
S. S. S. M. S. KEGISTERIST MOENT.		



February 23, 2021

CORNERSTONE CAPITAL STRATEGIES. LLC 134 ADAMS POINT ROAD BARRINGTON, RI 02806

RE: Entity ID# 505139

CORNERSTONE CAPITAL STRATEGIES, LLC

Dear Sir or Madam:

This is to notify you that this office received on February 19, 2021 the resignation of Adam S. Clavell, Esq.1665958 as Resident Agent of the above-named limited liability company, a copy of which is enclosed. Section 7-16-11 of the General Laws of the State of Rhode Island states that "unless, a later time is specified in the resignation, it is effective thirty (30) days after it is filed."

Pursuant to the provisions set forth in Section 7-16-11 of the General Laws of the State of Rhode Island, "each domestic or foreign registered limited liability company shall have a resident agent for service of process on the limited liability company". To ensure that your authority to conduct business will remain intact, please file a Change of Resident Agent form with this office.

To file a Change of Resident Agent form online visit <a href="www.sos.ri.gov/divisions/business-services">www.sos.ri.gov/divisions/business-services</a>.
Online filings require payment by credit card. If you have forgotten your CID and PIN, please e-mail us at corp\_pin@sos.ri.gov

If you prefer to use cash or check, visit <a href="www.sos.ri.gov/divisions/business-services">www.sos.ri.gov/divisions/business-services</a> to download a form. You can mail the form to us with your payment or visit our office to file using our drop box.

Thank you for your cooperation.

Sincerely,

Catherine Caprio Albanese

**Deputy Director of Business Services** 

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