State of Rhode Island
**Department of State - Business Services Division**

# Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $20.00

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R.I. DEPT. OF STATE
BUS SVCS DIV.
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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 |
|---|---|
| 001690287 | Built Up Roofing, LLC |

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

Street Address: 144 Westminster Street, Suite 302

| City/Town | State | Zip |
|---|---|---|
| Providence | **RHODE ISLAND** | 02903 |

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

Gardner H. Palmer

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

Street Address (NOT a P.O. Box): 80 Eliza Street

| City/Town | State | Zip |
|---|---|---|
| Providence | **RHODE ISLAND** | 02909 |

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

Jhonata Almeida

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

☑ 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 | Date |
|---|---|
| Jhonata Almeida | 3-2-2021 |

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**
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BY
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FORM 642 - Revised 08/2020