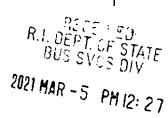
RI SOS Filing Number: 202193640500 Date: 3/5/2021 12:27:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:			
Entity ID Number	2. Exact Name of the Limited Liability Company		
200161846	SCHOOLHOUSE APTS LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
- 176 EDDIE Dowling Highway			
City/Tewn With Smithfeld State RHODE ISLAND Zip 02896			
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
ARAM P. JARRET JR			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 41 BREAKNECK HILL ROAD UNIT 2			
City/Town LINCOLIN		RHODE ISLAND	Zip 02865
6. The name of the NEW resident agent is:			
DAN CESARONI			
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			
Name of Authorized Person of the Limited Liability Company Dan CESARONI Date 3/2/2021			
Signature of Authorized Person of the Limited Liability Company an esemi			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FII FN

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