



State of Rhode Island

Department of State - Business Services Division

Statement of Change of AgentDOMESTIC or FOREIGN ~~Limited Liability Company~~

→ Filing Fee: \$20.00

Brown Corporation
7-1-2-502

2021 MAR 24 PM 12:21
 RI DEPT OF STATE
 BUS SVCS DIV

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 000042859	2. Exact Name of the Limited Liability Company <i>Corporation</i> C&P Realty, Inc.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1 Peck Lane		
City/Town Barrington	State RHODE ISLAND	Zip 02806
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Lynn A. Winkist		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 100 Amara Street (Unit #5)		
City/Town East Providence	State RHODE ISLAND	Zip 02915
6. The name of the NEW resident agent is: Michael J. Winkist		
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 Michael J. Winkist <i>Corporation</i>		Date 3/20/21
Signature of Authorized Person of the Limited Liability Company <i>Michael J. Winkist Corporation</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

FILED

MAR 24 2021

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A.A. 12:21pm

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