



State of Rhode Island

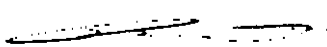
Department of State - Business Services Division

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 MAR 31 AM 11:42
Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 001675403	2. Exact Name of the Limited Liability Company ELIZABETH COMPANIES LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address N/A			
City/Town	State RHODE ISLAND	Zip	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: N/A			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 24 Quaker Lane Unit J			
City/Town Warwick	State RHODE ISLAND	Zip 02886	
6. The name of the NEW resident agent is: Todd LaScola			
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 Timothy Ford		Date 3-10-21	
Signature of Authorized Person of the Limited Liability Company 			

11:46

MAIL TO:

Division of Business Services

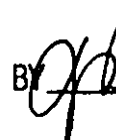
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov

FILED

MAR 31 2021

 BY  BOXENW