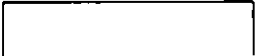




State of Rhode Island
Department of State - Business Services Division



Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 APR 19 P 1:00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island.



1. Entity ID Number 000154382		2. Exact Name of the Corporation Lila Delman Real Estate of Jamestown, Ltd.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 41 OCEAN ROAD			
City/Town Narragansett		State RHODE ISLAND	Zip 02882
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: JOHN HODNETT			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW registered agent is: C T Corporation System			
7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>			
Name of Authorized Officer of the Corporation Tracy Kellner			Date 04/06/2021
Signature of Authorized Officer of the Corporation 			

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

APR 19 2021

KL HMNSB
 1:00

