



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

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 RI DEPT OF STATE  
 BUS SVCS DIV  
 2021 JUN 21 PM 2:05

**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 155163	2. Exact Name of the Limited Liability Company Wells Family LLC		
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 29 Collins Road			
City/Town Ashaway	State <b>RHODE ISLAND</b>	Zip 02804	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Judy Dobbrow			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 3 Fenway Road			
City/Town Weekapaug	State <b>RHODE ISLAND</b>	Zip 02891	
6. The name of the <b>NEW</b> resident agent is: David Wells			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company David Wells		Date 06/18/2021	
Signature of Authorized Person of the Limited Liability Company <i>David Wells</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

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