State of Rhode Island
Department of State - Business Services Division

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2021 AUG 23 PM 3:12

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	2. Exact Name of the Limited Liability Company
001722863	FC Construction and Landscaping LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address: 148 West River street.

City/Town	State	Zip
Providence	RHODE ISLAND	02904

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Sec of State

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box): 128 Hillwood st

City/Town	State	Zip
Cranston	RHODE ISLAND	02920

6. The name of the **NEW** resident agent is:

Carlos Guerra Marroquin

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
	8/3/21

Signature of Authorized Person of the Limited Liability Company

X

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
AUG 23 2021
BY SUSKH

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