



State of Rhode Island

Department of State - Business Services Division

Statement of Change of AgentDOMESTIC or FOREIGN ~~Business Corporation~~ **LLC**

→ Filing Fee: \$20.00

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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 001676974	2. Exact Name of the Corporation LLC Westerly Communications LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 19 Moonlight DR		
City/Town Westerly	State RHODE ISLAND	Zip 02891
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Bill Allen		
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) C/O Wireless Zone 224 Post Rd		
City/Town Westerly	State RHODE ISLAND	Zip 02891
6. The name of the NEW registered agent is: Patrick Lynch		
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY ☒ Date received (Upon filing) ☐ Later effective date (Date must be no more than 30 days from the date of filing) _____		
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.		
Name of Authorized Officer of the Corporation LLC Scott Seder		Date 08/16/2021
Signature of Authorized Officer of the Corporation LLC 		

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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AUG 23 2021

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FORM 640 - Revised 08/2020

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