



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

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 2021 SEP 29 PM 2:44

**Statement of Change of Agent** *ADDRESS*  
 DOMESTIC or FOREIGN Limited Liability Company

~~Filing Fee: \$20.00~~ *no fee*

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 <b>000125112</b>		2. Exact Name of the Limited Liability Company <b>Austin &amp; Stanovich Risk Managers LLC</b>	
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 <b>264 West Greenville ROAD</b>			
City/Town <b>North Scituate</b>	State <b>RHODE ISLAND</b>	Zip <b>02857</b>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>WILLIAM K. AUSTIN</b>			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>122 White Pine Dr.</b>			
City/Town <b>North Scituate</b>	State <b>RHODE ISLAND</b>	Zip <b>02857</b>	
6. The name of the <b>NEW</b> resident agent is: <b>WILLIAM K. AUSTIN</b>			
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 <b>WILLIAM K. AUSTIN</b>			Date <b>9/22/21</b>
Signature of Authorized Person of the Limited Liability Company <i>(Signature)</i>			

**FILED**

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

SEP 29 2021  
 BY *A.A.* 2:44p.m.

*642A*



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

September 29, 2021 02:44 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

