State of Rhode Island
Department of State - Business Services Division

2021 OCT 22 PM 12:58
R.I. DEPT OF STATE
BUS SVCS DIV

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 000875188	2. Exact Name of the Limited Liability Company Evelyn Audet Lighting Design, LLC	
3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:		
Street Address 6 State Street		
City/Town Warren	State **RHODE ISLAND**	Zip 02885
4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State: Farmer, Joe, CPA		
5. The address of the **NEW** resident office is:		
Street Address (NOT a P.O. Box) 154 Second Street		
City/Town East Providence	State **RHODE ISLAND**	Zip 02914
6. The name of the **NEW** resident agent is: Evelyn Audet ~~Lighting Design, LLC~~		
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 Evelyn Audet		Date 10/20/2021
Signature of Authorized Person of the Limited Liability Company		

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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FILED
OCT 22 2021
BY

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