



State of Rhode Island

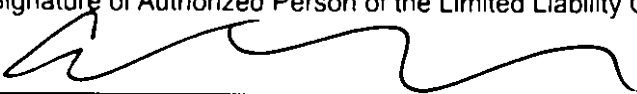
Department of State - Business Services Division

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 001696625		2. Exact Name of the Limited Liability Company BDT BUILDERS, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 202 BROADWAY			
City/Town NEWPORT		State RHODE ISLAND	Zip 02840
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: ERIC BARCLAY DE TOLLY			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 747 AQUIDNECK AVE., SUITE 2E			
City/Town MIDDLETOWN		State RHODE ISLAND	Zip 02842
6. The name of the NEW resident agent is: NICOLE R. GRAY, CPA			
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 ERIC BARCLAY DE TOLLY			Date 10/26/21
Signature of Authorized Person of the Limited Liability Company 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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