



State of Rhode Island
Department of State - Business Services Division



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Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

2022 MAY 27 PM 3: 25

→ 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 00550733		2. Exact Name of the Limited Liability Company TELESTO PROPERTIES LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address EDWARD S TRAJANO 123 WINDHAM AVE			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02908
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: EDWARD STRAJANO			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 11 E LARGUIER DRIVE			
City/Town N. PROVIDENCE		State RHODE ISLAND	Zip 02904
6. The name of the NEW resident agent is: JOSEPH PATARCA			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input 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) _____			
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 Edward S Trajano			Date 5/27/22
Signature of Authorized Person of the Limited Liability Company EDWARD S TRAJANO			

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

MAY 27 2022

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