RI SOS Filing Number: 202218328640 Date: 6/3/2022 12:25:00 PM



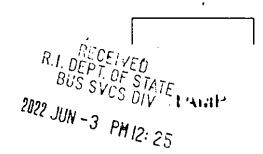
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



following statement for the	of RIGL <u>7-16-11</u> the undersigned I purpose of changing its resident a			
Entity ID Number	2. Exact Name of the Limited	Exact Name of the Limited Liability Company		
001738451	Revival Real Estate LLC			
	dent office as PRESENTLY shown	n in the records on file with the	RI Department of State:	
Street Address 86 Regina	a Drive			
City/Town Cranston		State RHODE ISLAND	^{Zip} 02921	
4. The name of the reside	ent agent as PRESENTLY shown in	n the records on file with the R	Department of State:	
Gregory Hogan				
5. The address of the NE		 -		
	Box) 146 Westminster Street	5th Fl.		
City/Town Providence		State RHODE ISLAND	^{Zip} 02903	
6. The name of the NEW	resident agent is:			
Alison M. Plunkett				
7. Date when this Statem	ent of Change of Resident Agent v	vill be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upor	n filing)			
Later effective date (Date must be no more than 90 day	ys from the date of filing)		
	l declare and affirm that I have exa , and that all statements contained		ge of Resident Agent by the	
Name of Authorized Person of the Limited Liability Company			Date	
Andrew Hogan			5/20/2022	
Signature of Authorized F	Person of the Limited Liability Comp	pany		

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

JUN 3 2022 1/2:25

FORM 642 - Revised: 12/2021