



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

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R.I. DEPT. OF STATE  
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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<br>001677258  | 2. Exact Name of the Limited Liability Company<br>80 HIGHLAND AVENUE, LLC |                   |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address 144 MEDWAY STREET   |   |                   |
| City/Town<br>PROVIDENCE   | State<br>RHODE ISLAND   | Zip<br>02906      |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>RONALD C. MARKOFF  |   |                   |
| 5. The address of the <b>NEW</b> resident office is:<br>Street Address (NOT a P.O. Box) 10 WEYBOSSET STREET,  |   |                   |
| City/Town<br>PROVIDENCE   | State<br>RHODE ISLAND   | Zip<br>02903-2808 |
| 6. The name of the <b>NEW</b> resident agent is:<br>MARC B. GERTSACOV   |   |                   |
| 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) _____   |   |                   |
| 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<br>JOHN J. GREGORY, III, MEMBER  |   | Date<br>11/14/22  |
| Signature of Authorized Person of the Limited Liability Company<br>   |   |                   |

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

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