State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company
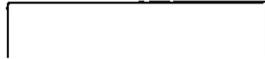
→ Filing Fee: $20.00

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BUS SVCS DIV

2022 NOV 17 A 9: 59

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	2. Exact Name of the Limited Liability Company
001335932	198. LLC

3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:

Street Address 144 Medway Street

City/Town Providence	State **RHODE ISLAND**	Zip 02906

4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:

Ronald C. Markoff

5. The address of the NEW resident office is:

Street Address (NOT a P.O. Box) 10 Weybosset Street, Suite 800

City/Town Providence	State **RHODE ISLAND**	Zip 02903

6. The name of the NEW resident agent is:

Marc B. Gertsacov

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	Date
Joseph F. Cornwall	11/15/22

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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