RI SOS Filing Number: 202327394390 Date: 2/2/2023 2:41:00 PM

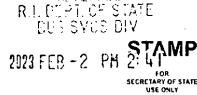




Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



following statement for the pur	RIGL <u>7-16-11</u> the undersigned in pose of changing its resident a	, , ,	
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
136156	Lost Beech Realty Trust, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1 Citizens Plaza, Floor 8			
City/Town Providence		State RHODE ISLAND	^{Zip} 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Joseph R. Marion III, Esq. / Adler Pollock & Sheehan P.C.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 106 Clock Tower Square			
City/Town Portsmouth		State RHODE ISLAND	^{Zip} 02871
6. The name of the NEW resident agent is:			
Joseph R. Marion III, Esq.			
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 R. Marion III, Esq.			1/31/27
Signature of Authorized Person of the Limited Liability Company			
$\mathcal U$			

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

STAMP

FEB 2 2023

FOR SECRETARY OF STATE USE DRUY

BY 5318