



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

RECEIVED STAMP  
 RI DEPT. OF STATE  
 BUS. SERVICES DIVISION

2023 FEB -6 P 1:19

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 001667258		2. Exact Name of the Limited Liability Company Collins BI Real Estate, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 142 Cottage Street			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Lyon Property Management			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 171 Broadway			
City/Town 171 Broadway Providence		State RHODE ISLAND	Zip 02903
6. The name of the NEW resident agent is: James A. Iacoi, Esq.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company James A. Iacoi, Esq.			Date 2/6/2023
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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