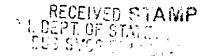
Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



703 FEB -6 P 1: 19

•	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident a		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001667258	Collins BI Real Estate, LLC		
3. The address of the residen	t 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 PO. Box) 171 BYOAD WAY			
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			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
	clare and affirm that I have exa Ind that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
James A. Iacoi, Esq.			2/6/2023
Signature of Authorized Person of the Limited Liability Company			
	5/		
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 0 0 2023 P. C. D. 1 2 2 2