



State of Rhode Island  
Department of State - Business Services Division

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2023 APR -7 PM 1:36

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

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 000787842		2. Exact Name of the Limited Liability Company Palmer Warren Realty LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address: 4 Richmond Square Suite 150			
City/Town Providence		State RHODE ISLAND	Zip 02902
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Kristen Prull Moonan			
5. The address of the NEW resident office is:			
Street Address (NOI a P.O. Box) 459 Gilbert Stuart Road			
City/Town Saunderstoinw		State RHODE ISLAND	Zip 02874
6. The name of the NEW resident agent is: Timothy Warren			
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)			
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 Timothy W Warren		Date 04/04/2023	
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

FILED  
APR 07 2023  
BY   
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