Date: 5/4/2023 1:01:00 PM RI SOS Filing Number: 202335284320

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| State of Rhode | tisianu<br>A of Stoto - Pusinoss | Sources Division OF STATE  |  |
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Statement of Change of Registered Agent PM 1:01

|  | •  |                                    |                                  |  |  |
|--|--|------------------------------------|----------------------------------|--|--|
| → Filing Fee: \$10.00  |  |                                    | R. DES                           |  |  |
|  |  |                                    | <b>A</b>                         |  |  |
| Pursuant to the provisions of                                      | RIGL <u>7-6-13</u> or <u>7-6-78</u> the unde                           | rsigned corporation submits th     | ne following   🛪 கள்ளி           |  |  |
| statement for the purpose of                                       | changing its registered agent in                                       | the State of Rhode Island:         |                                  |  |  |
| Entity ID Number   | 2. Exact Name of the Corporation                                       |                                    |                                  |  |  |
| 13959  | FAIRLAUN TERRACE COND RESOCIATION, JAC = 000                           |                                    |                                  |  |  |
|  | DDECENTLY -ha  | un in the speeds on file with the  | ho Pl Donortment of States       |  |  |
| 3. The address of the regist                                       | ered office as PRESENTLY sho   | wn in the records on file with the | ne Ri Departmentor State.s       |  |  |
| Street Addross   | 174 AR   | fol St                             |                                  |  |  |
| City/Town<br>LINCOLN   |  | State RHODE ISLAND                 | Zip 02845                        |  |  |
| 4. The name of the register  | ed agent as PRESENTLY showr  | n in the records on file with the  | RI Department of State:          |  |  |
| FIRST Choice   | PROPERTY MANAZEMEN;  | +                                  |                                  |  |  |
| 5. The address of the NEW  |  |                                    |                                  |  |  |
| Street Address (NOT a P.O. Bo                                      |  |                                    |                                  |  |  |
| City/Town  TAWTUE Ket  6. The same of the NEW registered agent is: |  | State Zip                          |                                  |  |  |
|  |  | RHODE ISLAND                       | 2ip 02860                        |  |  |
| 6. The name of the NEW re  | gistered agent is:   |                                    |                                  |  |  |
| Robert Shee  |  |                                    |                                  |  |  |
|  | oration's registered office and the                                    | address of the office of its reg   | gistered agent, as changed, will |  |  |
| 8. The change was authorize  | zed by a resolution duly adopted                                       | by its board of directors.         |                                  |  |  |
| Under penalty of perjury, I o                                      | declare and affirm that I have exa<br>atements contained herein are tr | amined this Statement of Char      | nge of Registered Agent by the   |  |  |
| Name of President/Vice President of the Corporation                |  |                                    | Date                             |  |  |
| LURAINE M. Rocheletu - TheAsune                                    |  |                                    | 4-8-2023                         |  |  |
| Signature of President/Vige  | President of the Corporation   |                                    |                                  |  |  |

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov