



2023 MAY 26 PM 1: 12

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

| Pursuant to the provisions of F following statement for the pur | RIGL <u>7-16-11</u> the undersigned pose of changing its resident a | limited liability company submagent in the State of Rhode Isl | its the |
|--|---|---|---------|
| Entity ID Number | 2. Exact Name of the Limited Liability Company | | |
| 001666261 | 37 WARRENS LLC | | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address RESIGNED - One Financial Plaza, Suite 2200 City/Town Providence State RHODE ISLAND Zip 0298? | | | |
| | | | |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| RESIGNED - PREVIOUSLY A. MAX KOHLENBERG | | | |
| 5. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 20 SAKONNET PT RO | | | |
| City/Town | | State | Zip |
| LITTLE COMPTON | | RHODE ISLAND | 02837 |
| 6. The name of the NEW resident agent is: | | | |
| BARBARA N. TROWBRIBGE | | | |
| 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 | | | |
| BARBARA N. TROWBRIBGE Signature of Authorized Person of the Limited Liability Company | | | |
| | | | |
| Barbara N. Trowhidge | | | |
| | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov FILED
JEC

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