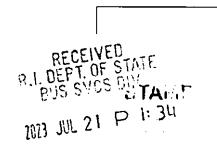
RI SOS Filing Number: 202339673300 Date: 7/21/2023 1:34:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



1. Entity ID Number	2. Exact Name of the Lin	Exact Name of the Limited Liability Company		
000128876	Conti Developme	Conti Development Ltd., LLC		
3. The address of the res	ident office as PRESENTLY s	hown in the records on file with the	RI Department of State:	
Street Address 650 Geor	ge Washington Highway			
City/Town Lincoln		State RHODE ISLAND	^{Zip} 02865	
4. The name of the reside	ent agent as PRESENTLY sho	own in the records on file with the R	Department of State:	
John A. Beretta, Esq.				
5. The address of the NE		<u> </u>		
	Box) 51 Jefferson Bouleva	ard, Suite 400		
City/Town Warwick		State RHODE ISLAND	^{Zip} 02888	
6. The name of the NEW	resident agent is:		<u> </u>	
Joseph Brennan, Esc	l.			
7 Date when this Statem	ent of Change of Resident Ag	ent will be effective: CHECK ONE I	BOX ONLY	
1. Date Mileli IIII3 3(4(6)))				
Date received (Upor				
✓ Date received (Upor	Date must be no more than 9	0 days from the date of filing)		
✓ Date received (UponLater effective date (Under penalty of perjury,	l declare and affirm that I have	0 days from the date of filing) e examined this Statement of Chan ained herein are true and correct.	ge of Resident Agent by the	
Date received (Upor Later effective date (Under penalty of perjury, Limited Liability Company	l declare and affirm that I have	e examined this Statement of Chan ained herein are true and correct.	ge of Resident Agent by the	
Date received (Upor Later effective date (Under penalty of perjury, Limited Liability Company	l declare and affirm that I have y, and that all statements cont	e examined this Statement of Chan ained herein are true and correct.	· · · · · · · · · · · · · · · · · · ·	

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 ...

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