RI SOS Filing Number: 202340047710 Date: 7/31/2023 11:57:00 AM EGETVED

R.H. DEPT. OF STATE BLS CVCS DIV



2023 JUL 31 A 11:57

**Statement of Change of Agent** 

DOMESTIC or FOREIGN Business Gorporation LLC

→ Filing Fee: \$20.00

7-16-11

| Pursuant to the provisions of RIGL <u>7-1.2-502 or 7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island: |                                      |                    |                               |
|--|--------------------------------------|--------------------|-------------------------------|
| Entity ID Number   | 2. Exact Name of the Corporation LLC |                    |                               |
| 000102237  | Carmichael Es                        | tates 11 LLC       |                               |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:   |                                      |                    |                               |
| Street Address<br>2224 Pawtucket Puenue suite 2  |                                      |                    |                               |
| East Providence  |                                      | State RHODE ISLAND | Zip 02914                     |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:   |                                      |                    |                               |
| Peter J Rotelli  |                                      |                    |                               |
| 5. The address of the <b>NEW</b> registered office is:   |                                      |                    |                               |
| Street Address (NOT a P.O. Box)  City/Town  Lincoln  State RHODE ISLAND  State RHODE ISLAND  State RHODE ISLAND  |                                      |                    |                               |
| City/Town Lincoln  | <b>0</b>                             | State RHODE ISLAND | <sup>Zip</sup> 02 <b>86</b> S |
| 6. The name of the <b>NEW</b> registered agent is:<br>E. Eric アピロルinn  |                                      |                    |                               |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY  |                                      |                    |                               |
| Date received (Upon filing)  Later effective date (Date must be no more than 30 days from the date of filing)  |                                      |                    |                               |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.          |                                      |                    |                               |
| Name of Authorized Officer of the Corperation LLC  |                                      |                    | Date                          |
| E. Eraiz YEGHIAN 7/11/23   |                                      |                    | 7/11/23                       |
| Signature of Authorized Officer of the Corporation LLC   |                                      |                    |                               |

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