



State of Rhode Island
Department of State - Business Services Division

REC'D RHODES BSD
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Statement of Change of Agent ADDRESS
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~ **no fee**

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 000793399		2. Exact Name of the Limited Liability Company Luz Pena 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 236 SPRING VALLEY RD			
City/Town EAST GREENWICH		State RHODE ISLAND	Zip 02818
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: WINSTON PENA			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 500 BROAD ST. UNIT 8C			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02907
6. The name of the NEW resident agent is: WINSTON PENA			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Francisco Pena			Date 9/26/23
Signature of Authorized Person of the Limited Liability Company <i>Francisco Pena</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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