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State of Rhode Island
Department of State - Business Services Division

RECID RIDOS BSD '23 OCT 23 PK3: 15:32 REC'D RIDOS BSD '23 NOV Z PK1: 13:57

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$28:00	- NON-DRUGGT	
\$10 ;	w non-projet	3

W . C . C	1-6-13				
Pursuant to the provisions of R following statement for the purp					
Entity ID Number	2. Exact Name of the Corporation				
000020854	QUAKER VALLEY CONDOMINIUM, INC				
3. The address of the register	ed office as PRESENTLY show	wn in the records on file with th	e RI Department of State:		
Street Address 56 Progra	es Street	Talt, Astron			
City/Town WARWIC		State RHODE ISLAND	^{Zip} 028 89		
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:					
PROFESSIONAL PROPI	ERTY MANAGEMENT &	CONSTRUCTION LLC			
5. The address of the NEW re					
Street Address (NOT a P.O. Box)	498 MAIN STREET		, . .		
City/Town WARREN		State RHODE ISLAND	^{Zip} 02885		
6. The name of the NEW regis	stered agent is:				
APEX MANAGEMENT G	ROUP LLC		•		
7. Date when this Statement of	of Change of Registered Agent	will be effective: CHECK ONE	BOX ONLY		
Date received (Upon filin	g)		· · · · · · · · · · · · · · · · · · ·		
Later effective date (Date	e must be no more than 30 day	ys from the date of filing)			
	clare and affirm that I have exa ments contained herein are tru		ge of Registered Agent by the		
Name of Authorized Officer of the Corporation			Date		
MELISSA FHAGAN PRODUCT			9/29/2023		
Signature of Authorized Office	r of the Corporation	ł.			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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