



State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Agent**  
DOMESTIC or FOREIGN Limited Liability Company  
→ Filing Fee: \$20.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 NOV -7 P 3:00

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 001703278		2. Exact Name of the Limited Liability Company McCambridge Estates LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 12 Lane 5			
City/Town Coventry		State RHODE ISLAND	Zip 02816
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Rudolph Buontempo			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1050 Main Street Suite 25			
City/Town E Greenwich		State RHODE ISLAND	Zip 02818
6. The name of the NEW resident agent is: Glenn A Carlson Esq			
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) _____			
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 Rudolph Buontempo			Date 11/7/2023
Signature of Authorized Person of the Limited Liability Company 			

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  
NOV 07 2023 3:02pm  
BY LKS STM302