

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:			
Entity ID Number 2. Exact Name of the Limited Liability Company			
(001741139 324 Far View Road, LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 2374 Post Road			
City/Town Warwick		State RHODE ISLAND	^{Zip} 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
James S. Lawrence, Esq.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 222 Jefferson Blvd			
City/Town Warwick		RHODE ISLAND	^{Zip} 02888
6. The name of the NEW resident agent is:			
Daniel P. Carter, Esq.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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			Date
Roy A. Ragge, Member			12/5/2023
Signature of Authorized Person of the Limited Liability Company One of Authorized Person of the Limited Liability Company			
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 0 4 2024 \ 1.717 BY R 2d45