



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

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 <b>000565950</b>	2. Exact Name of the Limited Liability Company <b>Sterling Construction Management, LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:		
Street Address 10 Faxon Green		
City/Town Newport	State <b>RHODE ISLAND</b>	Zip 02840
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: DJP CONSULTING LLC		
5. The address of the <b>NEW</b> resident office is:		
Street Address ( <u>NOT</u> a P.O. Box) 10 Faxon Green		
City/Town Newport	State <b>RHODE ISLAND</b>	Zip 02840
6. The name of the <b>NEW</b> resident agent is: Daniel Paquette		
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>		
<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 Daniel Paquette		Date February 17, 2024
Signature of Authorized Person of the Limited Liability Company <i>Daniel Paquette</i>		

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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

**FILED**

FEB 22 2024

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