



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDD5 BSD  
 24 MAR 12 AM 10:59:55

**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>001732264</b>	2. Exact Name of the Limited Liability Company <b>Beacon Rock LLC</b>
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address <b>122 Touro Street</b>	
City/Town <b>Newport</b>	State <b>RHODE ISLAND</b> Zip <b>02840</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>Turner C. Scott</b>	
5. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) <b>320 Harrison Avenue</b>	
City/Town <b>Newport</b>	State <b>RHODE ISLAND</b> Zip <b>02840</b>
6. The name of the NEW resident agent is: <b>George David</b>	
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 <b>George David, Managing Member</b>	Date <b>05-06-2024</b>
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

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 MAR 12 2024  
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