



**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

REC'D RIDOS BSD
 24 MAR 14 PM 2:10:01
 REC'D RIDOS BSD
 24 FEB 28 AM 11:25:33

1. Entity ID Number 1677316	2. Exact Name of the Limited Liability Company American Pride Properties Group, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 450 Veterans Memorial Pkwy # 301		
City/Town East Providence	State RHODE ISLAND	Zip 02914
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Rhode Island Builders Association INC		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Pkwy # 301		
City/Town East Providence	State RHODE ISLAND	Zip 02914
6. The name of the NEW resident agent is: Rhode Island Builders Association INC		
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 Justin Case	Date 2/23/2024	
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

MAR 14 2024

BY NA4GK