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**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>00795124</b>		2. Exact Name of the Limited Liability Company <b>OFFSHORE PROPERTY, 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>448 Ocean Ave</b>			
City/Town <b>Block Island</b>		State <b>RHODE ISLAND</b>	Zip <b>02807</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>Victor Orsinger 42 Granite St. Westerly, RI 02891</b>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>528 Connecticut Ave</b>			
City/Town <b>Block Island</b>		State <b>RHODE ISLAND</b>	Zip <b>02807</b>
6. The name of the NEW resident agent is: <b>Robin Lewis Vila 528 Connecticut Ave Block Island RI 02807</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) _____			
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 <b>Robin Lewis Vila</b>		Date <b>4/28/24</b>	
Signature of Authorized Person of the Limited Liability Company <b>Robin Lewis Vila</b>			

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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BY 221XG  
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