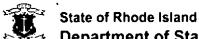
RI SOS Filing Number: 202460448240 Date: 10/3/2024 11:31:00 AM



→ Filing Fee: \$20.00

## **Department of State - Business Services Division**

## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

·	 	ويتحججه والألاطول الأرا	مطاف مقتمسطال

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: 2. Exact Name of the Limited Liability Company 1. Entity ID Number FAIRFAX & SAMMONS PROPERTIES, LLC 001738498 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department o Street Address 47 WOOD AVENUE, SUITE 2 City/Town Barrington Zip 02806 State **RHODE ISLAND** 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Registered Agents Inc 5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A State City/Town 02914 East Providence RHODE ISLAND 6. The name of the NEW resident agent is: C T Corporation System 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY X 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 Sept 30, 2024 Anne Fairfax Ellett 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

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