



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent *ADDRESSES*
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~ *no fee*

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 SEP -7 PM 2:30
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 FOR SECRETARY OF STATE
 USE ONLY

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 488206		2. Exact Name of the Limited Liability Company BURRS LANE ASSOCIATES, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 5 Benefit Street			
City/Town Providence	State RHODE ISLAND	Zip 02904	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Carl B. Lisa, Esq.			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 652 George Washington Highway, Suite 301			
City/Town Lincoln	State RHODE ISLAND	Zip 02865	
6. The name of the NEW resident agent is: Carl B. Lisa, Esq			
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 Carl B. Lisa, Manager		Date 09/01/2021	
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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 SEP 07 2021
 BY A.A. 2:30 P.M.

62A



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

September 07, 2021 02:30 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

