INSTRUCTIONS FOR FILING

- 1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in Items 2 and 4 of the preceding form currently appears in the records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
- 2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the resident agent. A statement submitted with a post office box address only will not be accepted for filing.
- 3. The statement must be signed on behalf of the limited liability company by an authorized person which authorizes the change.
- 4. The fee for filing the Statement of Change of Resident Agent is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a resident agent's address is changed to another address in this state, the resident agent may change the address by completing the statement below instead of the preceding form. This statement must be signed by the resident agent, or on the resident agent's behalf, and submitted for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the Statement to verify that the information required in item 2 below currently appears in the records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

	
No Filing Fee	ID Number: 96993
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STATEMENT OF CHANGE OF ADDRE	SS
OF THE RESIDENT AGENT	

Pursuant to the provisions of Section 7-16-11(c)(1) of the General Laws, 1956, as amended, the undersigned resident

1.	The name of the limited liability company is:		2015	
	GEM Park Place, LLC		50	
2.	The address of the resident agent as PRES State is:	SENTLY shown in the records on file with the Rhode Is	land- <u>Se</u> d	retary of
	300 Jefferson Boulevard, Suite 105, Warwic	ck, RI 02888		웃유
3.	The NEW address of the resident agent is:		9	STA S DIV
	1383 Warwick Avenue, Warwick, RI 02888		27	\H
				or on
	(a date not prior to, nor mo	ore than 30 days after, the filing of this Statement)	2	
	(a date not prior to, nor mo	ore than 30 days after, the filing of this Statement) Under penalty of perjury, I declare that contained herein is true and correct.	=	
Da	(a date not prior to, nor mo	Under penalty of perjury, I declare that	=	
Da	te: <u>9/30/15</u> 9 '. 13 Am	Under penalty of perjury, I declare that contained herein is true and correct.	the inf	
Da	te: <u>9/30/15</u>	Under penalty of perjury, I declare that contained herein is true and correct. Kevin M. Daley/Daley Orton, LLC	the CT 22	
Da	te: <u>9/30/15</u> 9 '. 13 Am	Under penalty of perjury, I declare that contained herein is true and correct. Kevin M. Daley/Daley Orton, LLC	the CT 22 AM	

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

