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.
- 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.
- The statement must be signed on behalf of the limited liability company by an authorized person which authorizes the change.
- 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: 11 456)

STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT

| Of THE | NESIDENT AGENT |
|--|--|
| ng on behalf of the resident | f the General Laws, 1956, as amended, the undersigned resident agent, submits the following statement for the purpose of changing |
| | |
| | Y shown in the records on file with the Rhode Island Secretary of |
| the resident agent is: STREET - Proviews ess of the resident agent sh | deuxo Rhode Island 0290 C nall become effective upon the filing of this statement, or on |
| date no popular more than | n 30 days after, the filing of this Statement) |
| SORTIONS DIVERSE SECRETARY OF STATE SORTIONS DIVERSE SORT | Under penalty of perjury, I declare that the information contained herein is true and correct. TARIP MAN MUD Print Name of Resident Agent Charles Corporate CourseL Duly Authorized |
| | s of Section 7-16-11(c)(1) on on behalf of the resident this state: ed liability company is: e |



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

