Filing Fee: \$20.00

1D Number: 485508



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## LIMITED LIABILITY COMPANY

|                       |  | <del></del>  | i~       | E 1         |
|-----------------------|--|--|----------|-------------|
|                       | STATEMENT OF CH  | ANGE OF RESIDENT AGENT   | 1:07     | 4           |
| Pu<br>ch:             | rsuant to the provisions of Section 7-16-11 of the G<br>ange of its resident agent and the address of its resid  | Seneral Laws, 1956, as amended, the undersigned ent agent in the state of Rhode Island as follows: | auth     | orizes a    |
| 1.                    | The name of the limited liability company is:  |  |          |             |
|                       | TLA PROPERTIES LLC   |  |          |             |
| 2.                    | The address of the resident agent as PRESENTLY State is:   | $^\prime$ shown in the records on file with the Rhode Island                                       | d Seci   | retary of   |
|                       | 50 KENNEDY PLAZA, SUITE 1500, PROVIDENCE, RI 02903   |  |          |             |
|                       |  |  |          |             |
| 3.                    | The NEW address of the resident agent is:  |  |          |             |
|                       | 55 DORRANCE STREET, SUITE 200, PROVIDENCE, RI 02903  |  |          |             |
|                       |  |  |          |             |
| 4.                    | The name of the resident agent as PRESENTLY state is:  | shown in the records on file with the Rhode Island   | Secr     | etary of    |
|                       | SANDRA MATRONE MACK  |  |          |             |
| 5.                    | The name of the NEW resident agent is:  JAMES O. REAVIS  |  |          | <del></del> |
| 6.                    | The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement. |  |          |             |
|                       |  | Under penalty of perjury, I declare that the contained herein is true and correct.                 | info     | rmation     |
| Date: NovemBer 9 2009 |  | TLA PROPERTIES LLC   |          |             |
|                       | ,  | Print Name of Limited Liability Company  | <i>y</i> |             |
|                       | 1/4  | Edward C. Miccoles   |          |             |
|                       | m No. 642 sed: 12/05 By 103915   | Signature of Authorized Person   |          |             |
|                       | NOV 1 6 2009   | 1,07   |          |             |
|                       | n No. 642 ised: 12/05 By 10.3415   | 111  |          |             |

Form No. 642 Revised: 12/05