

NO Filing Fee: ~~\$2000~~ KMC

ID Number: 165059



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2010 OCT 26 PM 2:44

**LIMITED LIABILITY COMPANY**

**STATEMENT OF CHANGE OF RESIDENT AGENT**

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1. The name of the limited liability company is:

OPTIC NERVE GROUP, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

65 LITTLE WOODS PATH, WAKEFIELD, RI 02879

3. The NEW address of the resident agent is:

2555 HARKNEY HILL ROAD, COVENTRY RI 02816

4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

DAVID LOEWENSTEIN

5. The name of the NEW resident agent is:

FINN JONKERS

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 information contained herein is true and correct.

Date: Oct 26, 2010

OPTIC NERVE GROUP  
Print Name of Limited Liability Company

**FILED**

OCT 26 2010 2:44

[Signature]  
Signature of Authorized Person

BY KMC