Filing Fee: \$20.00



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

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

ch	hange of its resident agent and the address of its resident	agent in the state of Knode Island as follows.	× ≥
1.	. The name of the limited liability company is: Sea Ridge Drive, LLC		Ci T
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: Edwards Wildman Palmer LLP, 2800 Financial Plaza Providence, RI 09203		
3.	The NEW address of the resident agent is: Edwards Wildman Palmer LLP, 2800 Financial Plaza, Providence, RI 02903		
4.	. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: c/o Roger A. Peters II, Esq.		
5.	The name of the NEW resident agent is: c/o Renee A.R. Evangelista, Esq.		
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.		
		nder penalty of perjury, I declare that to ontained herein is true and correct.	he information
Da	ate: SE	Print Name of Limited Liability Compa	any

Signature of Authorized Person

Form No. 642 Revised: 12/05