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 Num	ID Number: 505813	
			ENT OF CHANGE OF ADDRESS THE RESIDENT AGENT		
age	ent, or the perso	rovisions of Section 7-16-11 on signing on behalf of the re s within this state:	(c)(1) of the General Laws, 1956, as amended, the esident agent, submits the following statement for the	e undersigned resident ne purpose of changing	
1.		ne limited liability company is DUNTY TRAIL, LLC	:	() ()	
2.	State is:	f the resident agent as PRE Avenue, Warwick, RI 02888	SENTLY shown in the records on file with the Rho	de Island Secretary of	
3.		ress of the resident agent is: ad, Suite 1, Warwick, Rhode	Island 02889	£	
4.	The change of upon filing	of address of the resident aç	gent shall become effective upon the filing of th	is statement, or on	
	<u> </u>	(a date not prior to, nor m	nore than 30 days after, the filing of this Statement)		
			Under penalty of perjury, I declare contained herein is true and correct.	that the information	
n	te: 9/12/14	•	Michael K. Robinson		
Da	.e		Print Name of Resident A	gent	
		FILED		_	
		SEP 1 7 2014	Signature		
		By H.A.II.Y	3H.M.		



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

