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

		$\circ$	Lu
Pur cha	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned ange of its resident agent and the address of its resident agent in the state of Rhode Island as follows:	authoriz	es a
1.	The name of the limited liability company is:		
	SARATOGA BAY, LLC		
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island State is:	Secreta	ıry of
	EDWARDS WILDMAN PALMER LLP, 2800 FINANCIAL PLAZA, PROVIDENCE, RI 02903		
3.	The NEW address of the resident agent is:		
	C/O ROBINSON & COLE LLP, ONE FINANCIAL PLAZA, SUITE 1430, PROVIDENCE, RI 02903		
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island State is:	Secreta	ry of
	RENEE A.R. EVANGELISTA, ESQ.		
5.	The name of the NEW resident agent is:		
	ROGER A. PETERS II, ESQ.		
6.	The appointment of a new resident agent and the change of address of the resident agent, as the case measure effective upon the filing of this statement.	ıay be, s	shall
	Under penalty of perjury, I declare that the contained herein is true and correct.	informa	ation
Date	e: 09/03/2014 SARATOGA BAY, LLC		
	Print Name of Limited Liability Company		
	FILED Known -		
	OCT 06 2014 Signature of Authorized Person		
	233012		
	By 005 115		
	A · A · Y · O P · M		