Filing Fee: \$20.00

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CORPORATIONS

SECORETARY OF CORPORATIONS

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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 DESIDENT AGENT

| | 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: |
| | MORAN FAMILY, LLC |
| 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 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 Secretary of State is: |
| | 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 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. |
| Da | te: 09/03/2014 MORAN FAMILY, LLC |
| | Print Name of Limited Liability Company |
| | FILED momen |
| | OCT 06 2014 Signature of Authorized Person |
| | By 23012- 2590.m. |

Form No. 642 Revised: 12/05