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

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	STATEMENT OF CHA	NGE OF RESIDENT AGENT	
Pu ch:	Pursuant to the provisions of Section 7-16-11 of the Ge change of its resident agent and the address of its resider	neral Laws, 1956, as amended, the undersigned authorizes a it agent in the state of Rhode Island as follows:	
1.	The name of the limited liability company is:		
	LISCHIO ENTERPRISES II, LLC		
2.	The address of the resident agent as PRESENTLY s State is:	hown in the records on file with the Rhode Island Secretary of	
	EDWARDS WILDMAN PALMER LLP, 2800 FINANCI	AL PLAZA, PROVIDENCE, RI 02903	
3.			
	C/O ROBINSON & COLE LLP, ONE FINANCIAL PLA	ZA, SUITE 1430, PROVIDENCE, RI 02903	
4 . 5 .	State is: RENEE A.R. EVANGELISTA, ESQ. The name of the NEW resident agent is:		
	ROGER A. PETERS II, ESQ.		
6.	become effective upon the filing of this statement.	nge of address of the resident agent, as the case may be, shall inder penalty of perjury, I declare that the information ontained herein is true and correct.	
Date: 09/03/2014		LISCHIO ENTERPRISES II, LLC	
		Print Name of Limited Liability Company	
	FILED	Kmmmm	
	OCT 06 2014 -	Signature of Authorized Person	
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