Filing Fee: \$20.00

ID Number: 000796697



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

TARY OF STATE ORATIONS DIV

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:

cha	change of its resident agent and the address of its resident age	nt in the state of Rhode Island as follows:
1.	he name of the limited liability company is: Licensing Resource Group, LLC	
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode State is:		
	222 JEFFERSON BOULEVARD, SUITE 200, WARWICK RI	2888
3.	 The NEW address of the resident agent is: 450 Veterans Memorial Parkway, Suite 7A East Providence, Rhod 	le Island 02914
		<u> </u>
1.	 The name of the resident agent as PRESENTLY shown in State is: 	the records on file with the Rhode Island Secretary of
	INCORP SERVICES, INC.	
5.	5. The name of the NEW resident agent is: C T Corporation System	
 The appointment of a new resident agent and the change of address of the resident agent, as the case r become effective upon the filing of this statement. 		address of the resident agent, as the case may be, shall
	contain	penalty of perjury, I declare that the information and herein is true and correct.
Dat	Date: 10/20/2014 Licensin	Resource Group, LLC Print Name of Limited Liability Company
	FILED	Mustra L. Hybrod Signature of Authorized Person
	007.04.000	Organization of Authorization Lateon

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