Filing Fee: \$20.00

ID Number: 80792



Form No. 642 Revised: 12/05

## 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

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a

cha 1.	The name of the limited liability company is:  Coastal Resorts Holdings International, LLC	
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  15 Old Beach Road Newport, RI 02840	
3.	. The NEW address of the resident agent is:  PO Box 189 Block Island, RI 02807 36 Water street Block Island, Rt 02807	
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  Hall Associates  JOSEPH M. HALL	
5.	The name of the NEW resident agent is:  Julie Fuller	
<ol><li>The appointment of a new resident agent and the change of address of the resident agent, as the case n become effective upon the filing of this statement.</li></ol>		nge of address of the resident agent, as the case may be, shall
		nder penalty of perjury, I declare that the information ontained herein is true and correct.
Da	Date: 10/14/2015 Co	oastal Resorts Holdings International, LLC  Print Name of Limited Liability Company
_	FILED  0CT 19 2015  0CT 19 2015  A.A.   '.54A.M	Signature of Authorized Person
For	Form No. 642	