Filing Fee: \$20.00

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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

015 OCT 20

ORATIONS D

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 and change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

cha	nange of its resident agent and the address of its res	sident agent in the state of Rhode Island as follows:	
1.	The name of the limited liability company is: Lakeside Residential Partners, L.L.C.		
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 27 Sakonnet Point Road, Little Compton, RI 02920		
3.	The NEW address of the resident agent is: 450 Veterans Memorial Parkway, Suite 7A East Providence, Rhode Island 02914		
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: James P. Redding, Esq.		
5.	The name of the NEW resident agent is: C T Corporation System		
6.	The appointment of a new resident agent and the become effective upon the filing of this statement	change of address of the resident agent, as the case may be, shall	
		Under penalty of perjury, I declare that the information contained herein is true and correct.	
Da	ate: 10-16-15	Lakeside Residential Partners, L.L.C. Print Name of Limited Lability Company	
	FILED	Signature of Authorized Person	
	OCT 20 2015		

Form No. 642 Revised: 12/05 3, KL 358918