Filing Fee: \$20.00

ID Number: \_\_000104944



## 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 CHANGE OF RESIDENT AGENT

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

1.	The name of the limited liability company is: INP, LLC	
2.	State is:	shown in the records on file with the Rhode Island Secretary of
	1140 Reservoir Avenue, Cranston, 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:  Dennis R. Gannon, Esq.	
5.	The name of the NEW resident agent is:  C T Corporation System	
6.	. The appointment of a new resident agent and the change of address of the resident agent, as the case may be, see become effective upon the filing of this statement.	
		Under penalty of perjury, I declare that the information contained herein is true and correct.
D-	Date: 10-16-15	INP, LLC
Da	Jale	Print Name of Limited Unability Company
	FILED	
	OCT <b>20</b> 2015	Signature of Authorized Person
	a VI 258918	

Form No. 642 Revised: 12/05