Filing Fee: \$20.00

ID Number: \_836150 \_



## 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

PORATIONS DA

## 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:	
1. The name of the limited liability company is:  The Times You LLC	
2. The address of the resident agent as PRESENTLY State is:	Y shown in the records on file with the Rhode Island Secretary of
3. The NEW address of the resident agent is:  1023 Post Road Wave	oid, PI 07888
4. The name of the resident agent as PRESENTLY State is:    Cast Plande Esc. 50	Exchange Terrace Suite 330 Rowidence Rt 52903
5. The name of the NEW resident agent is:  Hadeline Lacleur 1003 Rost	
6. The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.	
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 10   19   15	The Inner You Print Name of Limited Liability Company
FNED  OCT 2 2 2015  A. A. G. OS A.	Madeline Lableur Signature of Authorized Person
Revised: 12/05	