Filing Fee: \$20.00

ID Number: 1657225



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 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: R.L.S. Associates, LLC		
2.	The address of the resident agent as PRESENTL State is: 189 Third Avenue #3 Cranston, RI 02910	Y shown in the records on file with the Rhode Island	Secretary of
3.	The NEW address of the resident agent is: 411 Broadway Providence, RI 02909	NOV 20 AM	
4.	The name of the resident agent as PRESENTLY State is:	ু প shown in the records on file with the Rhode Islainৰ	Secretary of
5.	The name of the NEW resident agent is:		
6.	Robert Testa, Esq.	change of address of the resident agent, as the case r	nay be, shall
	become effective upon the filing of this statement.		,,,,,
		Under penalty of perjury, I declare that the contained herein is true and correct.	information
Da	te: <u>11-20-15</u>	R.L.S. Associates, LLC	
	10:22 Am	Print Name of Limited Liability Company	
	FILED	Tober Schrider	
	NOV 20 2015	Signature of Authorized Person	
	3y 26/10/10 KM		

Form No. 642 Revised: 12/05