INSTRUCTIONS FOR FILING

- 1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in Items 2 and 4 of the preceding form currently appears in the records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
- 2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the resident agent. A statement submitted with a post office box address only will not be accepted for filing.
- 3. The statement must be signed on behalf of the limited liability company by an authorized person which authorizes the change.
- 4. The fee for filing the Statement of Change of Resident Agent is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a resident agent's address is changed to another address in this state, the resident agent may change the address by completing the statement below instead of the preceding form. This statement must be signed by the resident agent, or on the resident agent's behalf, and submitted for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the Statement to verify that the information required in item 2 below currently appears in the records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

No Filing Fee		••••		ID Number: 💆	7674	7
	STATEMENT OF THE F	CHANGE OF RESIDENT AG				
Pursuant to the provisions of Sea agent, or the person signing on b the agent's address within this sta	ehalf of the resident a					
1. The name of the limited liability Oel ta Innov	y company is:	LC			्रा विष	_
2. The address of the resident a State is:	gent as PRESENTLY	shown in the red	cords on file with	the Rhode Island	d Secretary o	f -
3. The NEW address of the resid	lent agent is: Road 1	3 ristol	, RI 08	2809		_
4. The change of address of the	ne resident agent sha	all become effecti	ive upon the fili	ng of this stater	ment, or on	
(a date not	prior to, nor more than	30 days after, the fill	ing of this Stateme	nt)		•
Date: 12 1 / 15			is true and corre	declare that the ect.		1
, ,	FILED		Print Name of Re	sident Agent		•
	DEC 1 1 2015		<u>√</u> Signatu	re		-

BY_ an 1:15