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.
- 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.

TATEMENT O	E CHANCE OF ADDDESS		
OF THE	F CHANGE OF ADDRESS RESIDENT AGENT		
company is:			
nt as PRESENTL	Y shown in the records on file with the Rhode Isla	and Sec	retary of
dence, RI 02914			
t agent is:			
•	14		
resident agent sh	all become effective upon the filing of this sta	itement,	or on
ior to, nor more than	30 days after, the filing of this Statement)		
Date: 12-15-15 FILED C	Under penalty of perjury, I declare that contained herein is true and correct. David A. DiPalma, Esq./CPA	the nfo	ormation
C 17 2015	Print Name of Resident Agent	7 AM	
	on 7-16-11(c)(1) of alf of the resident company is: Int as PRESENTL dence, RI 02914 It agent is: It agent is: It agent agent show to nor more than	on 7-16-11(c)(1) of the General Laws, 1956, as amended, the undalf of the resident agent, submits the following statement for the pure company is: Int as PRESENTLY shown in the records on file with the Rhode Islandence, RI 02914 It agent is: It agent agent shall become effective upon the filing of this statement or to, nor more than 30 days after, the filing of this Statement) Under penalty of perjury, I declare that contained herein is true and correct. David A. DiPalma, Esq./CPA Print Name of Resident Agent	on 7-16-11(c)(1) of the General Laws, 1956, as amended, the undersigned alf of the resident agent, submits the following statement for the purpose of company is: Int as PRESENTLY shown in the records on file with the Rhode Island Section of the dence, RI 02914 It agent is: It agent agent shall become effective upon the filing of this statement, for to, nor more than 30 days after, the filing of this Statement) Under penalty of perjury, I declare that the infection on the filing of this statement of the contained herein is true and correct. David A. DiPalma, Esq./CPA Print Name of Resident Agent

Signature

5Y_______0.18

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

