## INSTRUCTIONS FOR FILING

- 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		1D Number:	541520
	STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT		

		OF THE	RESIDENT AGENT	
ager	uant to the provisions nt, or the person signing agent's address within t	g on behalf of the resident	of the General Laws, 1956, as amended, the undersign agent, submits the following statement for the purpose	ned resident of changing
	The name of the limited Smith Hill Properties, Li			
	The address of the resi State is: 7395 Post Road, North	_	LY shown in the records on file with the Rhode Island	Secretary of
	The NEW address of th B Brown Street, Wickfor			
4.	The change of addres	s of the resident agent sl	hall become effective upon the filing of this statement	ent, or on
-	(а с	late not prior to, nor more tha	n 30 days after, the filing of this Statement)	938 000 038
			Under penalty of perjury, I declare that the contained herein is true and correct.	
Date:	,: 1-11-2016	ru en C	Matthew F. Callaghan, Jr.,	2 AAS
		FILED	Print Name of Resident Agent	A 259
		JAN 1 2 2016	Will find the	STAT

BY\_Cn 9:48

Signature

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

