## 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:	797082
S	TATEMENT OF CHANGE OF ADDRESS		

## STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT

		OF THI	E RESIDENT AGENT	
ager	uant to the provision at, or the person sign agent's address with	ning on behalf of the resider	of the General Laws, 1956, as amended, the undersignt agent, submits the following statement for the purpose	ned resident of changing
	The name of the limi RI Vertical Farm Par	ited liability company is: rtners, LLC		
;	State is:	resident agent as PRESENT orth Kingstown, RI 02852	TLY shown in the records on file with the Rhode Island	Secretary of
-	B Brown Street, Wick	·		
4.			shall become effective upon the filing of this statement and 30 days after, the filing of this Statement)	ent, or on
		FU FD C	Under penalty of perjury, I declare that the contained herein is true and correct.	CARTAL ORNOR, B. MN I
Date	<sub>i:</sub> <u>1-11-2016</u>	FILED	Matthew F. Callaghan, Jr.,	<u>~ 골</u> ?는
		JAN 1 2 2016 BY Ca 9.48	Print Name of Resident Agent  Signature	OF STATE

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

