Filing Fee: \$20.00

ID Number: 000141433



## 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

| cha | ange 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:  |
|     | TAFF, LLC  |
| 2.  | The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary o State is:  |
|     | 65 NARRAGANSETT AVENUE, JAMESTOWN, RHODE ISLAND 02835  |
| 3.  | The NEW address of the resident agent is:  |
|     | 20 OCEAN AVENUE, JAMESTOWN, RHODE ISLAND 02835   |
| 4.  | The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  |
|     | HOLLY JANNEY   |
| 5.  | The name of the NEW resident agent is: DEBORAH A. FOPPERT  |
| 6.  | The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement. |
|     | Under penalty of perjury, I declare that the information contained herein is true and correct.   |
| Da  | te: TAFF, LLC  Print Name of Limited Liability Company   |
|     | 200 Stubbs   |
|     | Signature of Authorized Person   |

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