Filing Fee: \$20.00

ID Number: 79 72 85



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 re	sident agent in the state of Rhode Island as follows:	
1.	The name of the limited liability company is: TROY CAPITAL, LLC		
2.	State is:	ΓLY shown in the records on file with the Rhode Island Secretary ο	
	222 Jefferson Boulevard, Suite 200 Warwick, RI 028	88	
3.	The NEW address of the resident agent is: 450 Veterans Memorial Parkway, Suite 7A East Providence, Rhode Island 02914		
4.	The name of the resident agent as PRESENTL State is:	Y shown in the records on file with the Rhode Island Secretary of	
	Corporation Service Company		
5.	The name of the NEW resident agent is: C T Corporation System		
6.	The appointment of a new resident agent and the become effective upon the filing of this statement	e change of address of the resident agent, as the case may be, shall t.	
		Under penalty of perjury, I declare that the information contained herein is true and correct.	
Date: 02/24/2016		Denise Bell	
		Print Name of Limited Liability Company	
	FILED	Denise Bell	
	MAA n 2 2016	Signature of Authorized Person	
	34 Cu 219158		
	m No. 642 2.2/ ised: 12/05		