Filing Fee: \$20.00

ID Number: 000 484 917



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 authorized authorized to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorized to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorized to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorized to the general Laws, 1956, as amended, the undersigned authorized to the general Laws, 1956, as amended, the undersigned authorized to the general Laws, 1956, as amended, the undersigned authorized to the general Laws, 1956, as a mended, the undersigned authorized to the general Laws, 1956, as a mended, the undersigned to the general Laws, 1956, as a mended, the undersigned to the general Laws, 1956, as a mended to the general Laws, 1956, a change 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: First Benedict Associates LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 33 Berkshire St. Piwidero RT
3.	The NEW address of the resident agent is: 444 Lag Kl. Smithfield RT 02917
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
5.	The name of the NEW resident agent is: Blian archel
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.

MAR 30 2016 Ca 27/308

Under penalty of perjury, I declare that the information contained herein is true and correct.

Signature of Authorized Person

Form No. 642 Revised: 12/05