



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

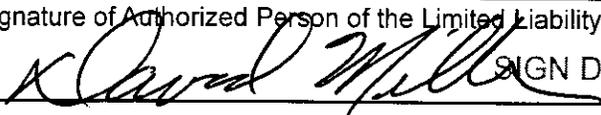
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RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2016 APR 13 AM 9:59

**Statement of Change of Resident Agent
 Limited Liability Company**

Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number		2. Exact Name of the Limited Liability Company	
1337510		TRIPPIN' AROUND The world, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State.			
Street Address 28 Birchland Ave 222 Jefferson Blvd, Ste 200			
City/Town Pawtucket Warwick		State RHODE ISLAND	Zip 02860 02888
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 28 Birchland Ave			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
5. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
CORPORATION SERVICE COMPANY			
6. The name of the NEW resident agent is:			
DAVID MILLER			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company DAVID MILLER			Date 4/13/16
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

FILED

APR 13 2016

BY CA 272162