

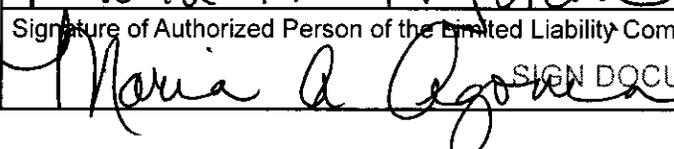


State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION  
 2016 APR 15 PM 3:35

**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	
876796		Dimila LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 650 George Washington Hwy Suite 201			
City/Town Lincoln		State RHODE ISLAND	Zip 02865
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 25 Linfield Circle			
City/Town Lincoln		State RHODE ISLAND	Zip 02865
5. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Joseph Rahab			
6. The name of the NEW resident agent is:			
Antonio m Agonia			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company			Date
Maria A. Agonia			4-15-16
Signature of Authorized Person of the Limited Liability Company			
			SIGN DOCUMENT HERE

**FILED**

APR 15 2016 3:26

By ★ 9749098