Filing Fee: \$20.00



Form No. 642 Revised: 12/05

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 follo	ws:	
1.	The name of the limited liability company is: 4120 Mendon Road LLC		
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode State is: 155 South Main Street, Ste 101, Providence, RI 02903	Island S	Secretary of
3.	The NEW address of the resident agent is: 176 Eddie Dowling Highway, North Smithfield, RI 02896		
	170 Eddle Dowling Highway, North Smithileld, Ri 02090	201	S
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode State is:	200	90
	Richard E. Kirby	9	ARY
5.	The name of the NEW resident agent is:	AM 9: 43	OF STAT
	Philip F. Godfrin	ယ	<u> </u>
ô.	The appointment of a new resident agent and the change of address of the resident agent, as the become effective upon the filing of this statement. Under penalty of perjury, I declare the contained herein is true and correct.		
Dat	te: 12-23-15 4120 HENDON ROA Print Name of Limited Kialdility Co	mpany	LC
	9:46 Am	,	
	FILED Rule from		•
	APR 19 2016 Signature of Authorized Pers	son	