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 DIV
2016 APR 20 PM 3:55

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
822275	VI C GONDIA, LLC

3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:

Street Address: 950 Smith Street

City/Town	State	Zip
Providence	RHODE ISLAND	02908

4. The address of the NEW resident office is:

Street Address (NOT a P.O. Box): 440 Dexter Street

City/Town	State	Zip
Central Falls	RHODE ISLAND	02863

5. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:

Robert J. Cosentino, ESQ

6. The name of the NEW resident agent is:

Julia C. Gonzalez

7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX

- [x] Date received (Upon filing)
- [ ] 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	Date
Julia Gonzalez	4/20/2016

Signature of Authorized Person of the Limited Liability Company
Julia Gonzalez SIGN DOCUMENT HERE

FILED
APR 20 2016
By 272701
A.A. 3:55 p.m.

Form No. 642
Revised: 2016
136086-2-1125784