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 22 AM 9:47

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
000156260	Ocean State Holdings, LLC

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

Street Address		
One Financial Plaza, Suite 1800		
City/Town: Providence	State: RHODE ISLAND	Zip: 02903

4. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
1 Grove Avenue		
City/Town: East Providence	State: RHODE ISLAND	Zip: 02914

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

Joshua L. Celeste, Esq.

6. The name of the **NEW** resident agent is:

Christopher T. Denelle, Esq.

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

☑ 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
Nathan J. Hall	4/11/16

Signature of Authorized Person of the Limited Liability Company

SIGN DOCUMENT HERE

FILED
APR 22 2016
BY 372824
9:47

Form No. 642
Revised: 2016