



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

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 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 | | | |
| <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 | | | Date |
| Nathan J. Hall | | | 4/11/16 |
| Signature of Authorized Person of the Limited Liability Company | | | |
|  | | | |
| SIGN DOCUMENT HERE | | | |

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