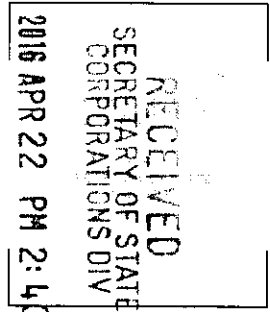




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



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	
154865		Sheahan's Way LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1130 Ten Rod Road Ste. F103			
City/Town North Kingstown		State RHODE ISLAND	Zip 02852
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 49 North Main Road			
City/Town Jamestown		State RHODE ISLAND	Zip 02835
5. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Dale Muller			
6. The name of the NEW resident agent is:			
Kenneth Brewer			
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
Gail M Sheahan			4/22/16
Signature of Authorized Person of the Limited Liability Company			
Gail M Sheahan			

SIGN DOCUMENT HERE

FILED

APR 22 2016

BY 272862

2:43