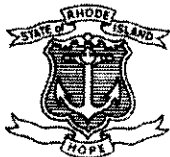


Filing Fee: \$20.00

ID Number: 911126



**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 change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1. The name of the limited liability company is:

Lighthouse View, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

The Meadows, 1130 Ten Red Rd, Suite B-206 North Kingstown, RI 02852

3. The NEW address of the resident agent is:

17 West Butterfly Way Lincoln, RI 02865

4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

James C. Sullivan, Esq. Sullivan & Sullivan, P.C.

5. The name of the NEW resident agent is:

Dr. [REDACTED] Jonathan Gastel [REDACTED]

6. The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 4-8-16

Lighthouse View, LLC  
Print Name of Limited Liability Company

Susan Gastel  
Signature of Authorized Person

**FILED**

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