

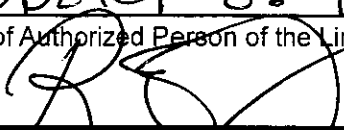


**Statement of Change of Office**  
 DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 office in the State of Rhode Island:

STAMP  
 2016 AUG - 4 PM 4:14  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION

1. Entity ID Number <b>000941668</b>		2. Exact Name of the Limited Liability Company <b>Milestone Properties, LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State			
Street Address <b>147 IVES ST #2</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02906</b>	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>120 TRENTON ST #2</b>			
City/Town <b>PAWTUCKET</b>	State <b>RHODE ISLAND</b>	Zip <b>02860</b>	
5. 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 <b>ROBERT E. DAIS</b>			Date <b>8/4/2016</b>
Signature of Authorized Person of the Limited Liability Company 			<b>SIGN DOCUMENT HERE</b>

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 4:14  
 AUG 04 2016  
 By 