



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

**Statement of Change of Agent**

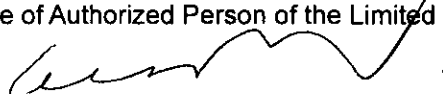
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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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<br><b>1327213</b>                                                                                                                                                                                                                                              |  | 2. Exact Name of the Limited Liability Company<br><b>North K Properties, LLC</b> |                        |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address <b>6500 Post Road</b>                                                                                                                    |  |                                                                                  |                        |
| City/Town <b>North Kingstown</b>                                                                                                                                                                                                                                                   |  | State <b>RHODE ISLAND</b>                                                        | Zip <b>02852</b>       |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>David A. Caldwell</b>                                                                                                                                    |  |                                                                                  |                        |
| 5. The address of the <b>NEW</b> resident office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>6500 Post Road</b>                                                                                                                                                              |  |                                                                                  |                        |
| City/Town <b>North Kingstown</b>                                                                                                                                                                                                                                                   |  | State <b>RHODE ISLAND</b>                                                        | Zip <b>02852</b>       |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>Deborah M. Kupa</b>                                                                                                                                                                                                         |  |                                                                                  |                        |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX<br><input checked="" type="checkbox"/> Date received (Upon filing)<br><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<br><b>DAVID A. Caldwell Sr.</b>                                                                                                                                                                                         |  |                                                                                  | Date<br><b>9/24/16</b> |
| Signature of Authorized Person of the Limited Liability Company<br> SIGN DOCUMENT HERE                                                                                                          |  |                                                                                  |                        |

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

12:32 pm  
**FILED**

OCT 03 2016

By 285031

*KM*