



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

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 799049	2. Exact Name of the Limited Liability Company 3016 Post Road Associates, LLC
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3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address **50 Exchange Terrace Suite 320**

City/Town Providence	State RHODE ISLAND	Zip 02903
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4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Paul F. Plourde, Esq.

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box) **Callaghan & Callaghan, 3 Brown Street**

City/Town Wickford	State RHODE ISLAND	Zip 02852
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6. The name of the **NEW** resident agent is:

James M. Callaghan, Esq.

7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX

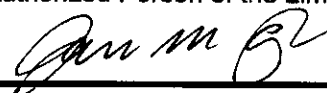
☒ Date received (Upon filing)

☐ 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 James M. Callaghan, Esq.	Date 10-5-2016
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Signature of Authorized Person of the Limited Liability Company

 SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

48 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

OCT 06 2016

By 285331