ID Number: <u>000488478</u> Filing Fee: \$20.00



## 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

	The name of the limited liability company is:     VCORP SERVICES, LLC		
			3 5
2.	<b>_</b>	shown in the records on file with the Rhode Isla	Secretary of
	State is:	K DI 03000	
	222 JEFFERSON BOULEVARD, SUITE 200 WARWIC	K RI UZ000	
		-	
3.		7	50 E
	450 Veterans Memorial Parkway, Suite 7A East Providen		- E Z -
		48	F
_	State is: PARASEARCH, INC.		
5.	•		
	C T Corporation System		
			<del></del>
6.	become effective upon the filing of this statement.		
6.	become effective upon the filing of this statement.	ange of address of the resident agent, as the case Under penalty of perjury, I declare that th contained herein is true and correct.	
	become effective upon the filing of this statement.	Under penalty of perjury, I declare that th	
	become effective upon the filing of this statement.	Under penalty of perjury, I declare that th contained herein is true and correct.	e information
	become effective upon the filing of this statement.	Under penalty of perjury, I declare that th contained herein is true and correct.  Vcorp Services, LLC	e information

Form No. 642 Revised: 12/05 007 14 2016 By 286021