Filing Fee: \$20.00

ID Number: 000701393



## 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
Pu ch	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a ange 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:
	NS Leasing, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	450 VETERANS MEMORIAL PARKWAY, SUITE 7A, EAST PROVIDENCE, RI 02914
3.	The NEW address of the resident agent is: 222 JEFFERSON BLVD., SUITE 200, WARWICK, RI 02888
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	CT CORPORATION SYSTEM
5.	The name of the NEW resident agent is: REGISTERED AGENT SOLUTIONS, INC.
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.
Dat	e: / 6/11/16 NS Leasing, LLE
	Signature of Authorized Person
	FILED Signature of Authorized Persent
	OCT 2 5 2016

BY Cn 286859