



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

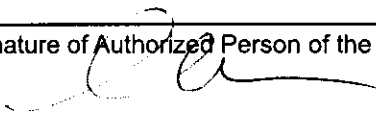
Statement of Change of Agent

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:

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
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1. Entity ID Number 000550883		2. Exact Name of the Limited Liability Company NEWPORT HOLDINGS GROUP LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 138 SWINBURNE ROW			
City/Town NEWPORT		State RHODE ISLAND	Zip 02840
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: DANIEL MCSWEENEY			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 840 SMITHFIELD AVE #203			
City/Town LINCOLN		State RHODE ISLAND	Zip 02865
6. The name of the NEW resident agent is: DAVID B WILLIS			
7. 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 DAVID B WILLIS			Date 11/17/16
Signature of Authorized Person of the Limited Liability Company  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

FILED

NOV 17 2016

By **288740**