Filing Fee: \$20.00

1D Number: 000150242

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

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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 change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1.	1. The name of the limited liability company is:	off Squared LLC.
2.	The address of the resident agent as PRESENTLY show State is: 5 Jeffeyson Blvd.	on in the records on file with the Rhode Island Secretary of Juite 2 Warwick, RI 07888
3.	The NEW address of the resident agent is: SCOT Hallberg 235	Main St. Wakefield, RI 028-
4.	The name of the resident agent as PRESENTLY shown State is:	in the records on file with the Rhode Island Secretary of
5.	The name of the NEW resident agent is:	ot V. Hallberg
6.	The appointment of a new resident agent and the change become effective upon the filing of this statement.	of address of the resident agent, as the case may be, shall
Date	unde conta	r penalty of perjury, I declare that the information ined herein is true and correct. Scott Squard LLC. Print Name of Limited Liability Company
	-	Signature of Authorized Person
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	n No. 642 ALU SUAS SAB ised: 12/05 ALUE SUBS ABUTE SUBS ABUTE SUBS ABUTE	NOV 25 2016