



2016 DEC _ 9 AM 10: 51

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of F following statement for the pur 1. Entity ID Number	pose of changing its resident a		and:
· ·	2. Exact Name of the Limited Liability Company		
793699	Island Fantasy, LLC		
3. The address of the residen	t office as PRESENTLY show	n in the records on file with the	RI Department of State:
Street Address Nixon Peabod	y LLP, One Citizens Plaza, S	te. 500	
City/Town Providence		State RHODE ISLAND	^{Zip} 02903
4. The name of the resident a	gent as PRESENTLY shown in	the records on file with the R	Department of State:
Stephen D. Zubiago, Esq.			
5. The address of the NEW re			
Street Address (<u>NOT</u> a P.O. Box)	c/o Nixon Peabody LLP, On	e Citizens Plaza, Ste. 500	
City/Town Providence			
Providence		RHODE ISLAND	^{Zip} 02903
6. The name of the NEW resid	lent agent is:	RHODE ISLAND	^{Zip} 02903
	dent agent is:	RHODE ISLAND	^{Zip} 02903
6. The name of the NEW resid		RHODE ISLAND	
6. The name of the NEW resid	f Change of Resident Agent w	RHODE ISLAND	
6. The name of the NEW resident Michael Brathwaite 7. Date when this Statement of Date received (Upon filing	f Change of Resident Agent w	RHODE ISLAND	
6. The name of the NEW resident Michael Brathwaite 7. Date when this Statement of Date received (Upon filing	of Change of Resident Agent w g) must be no more than 30 day lare and affirm that I have exa	RHODE ISLAND ill be effective: CHECK ONLY is from the day of filing) mined this Statement of Change	ONE BOX
6. The name of the NEW resident Michael Brathwaite 7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I decided)	of Change of Resident Agent w g) must be no more than 30 day lare and affirm that I have exal that all statements contained	RHODE ISLAND ill be effective: CHECK ONLY is from the day of filing) mined this Statement of Chang herein are true and correct.	ONE BOX
6. The name of the NEW resident Michael Brathwaite 7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I decident Limited Liability Company, and	of Change of Resident Agent w g) must be no more than 30 day lare and affirm that I have exal that all statements contained	RHODE ISLAND ill be effective: CHECK ONLY is from the day of filing) mined this Statement of Chang herein are true and correct.	ONE BOX ge of Resident Agent by the

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

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By (C 13236)