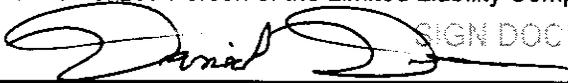




RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR 31 PM 1:01

Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company
 → Filing Fee: \$20.00

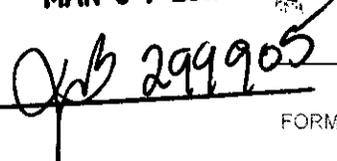
Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 000797662	2. Exact Name of the Limited Liability Company Streamline, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 3288 Post Road	
City/Town Warwick	State RHODE ISLAND
Zip 02884	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: THE RHODE ISLAND CENTER FOR LAW AND PUBLIC POLICY INC	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 252 Butternut Drive	
City/Town North Kingstown	State RHODE ISLAND
Zip 02852	
6. The name of the NEW resident agent is: Daniel Dwane	
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) _____	
<i>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.</i>	
Name of Authorized Person of the Limited Liability Company Daniel Dwane	Date 3/31/17
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

1:01 FILED

MAR 31 2017

BY  299905