



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

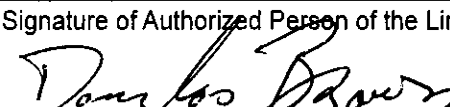
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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 APR - 3 AM 10:26

### Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 office in the State of Rhode Island:

1. Entity ID Number <b>789097</b>		2. Exact Name of the Limited Liability Company <b>4211 Old Post Road, LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>344 Main Street, Suite 200</b>			
City/Town <b>Wakefield</b>		State <b>RHODE ISLAND</b>	Zip <b>02879</b>
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>128 Auburn Drive</b>			
City/Town <b>Charlestown</b>		State <b>RHODE ISLAND</b>	Zip <b>02879</b>
5. 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 <b>Douglas Brown</b>			Date <b>3/30/17</b>
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](http://www.sos.ri.gov)

**FILED**

'APR 03 2017

A.A. 10:26 A.M.



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

April 03, 2017 10:26 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

