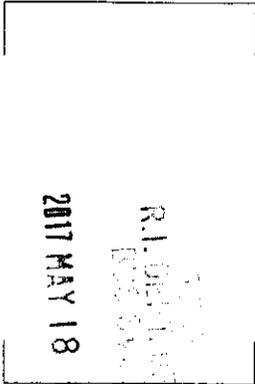




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

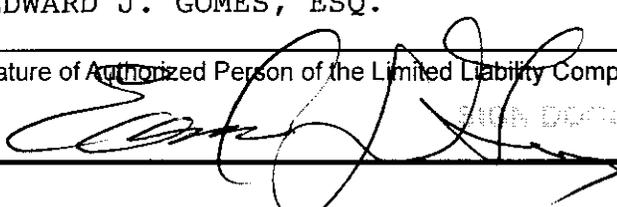


Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

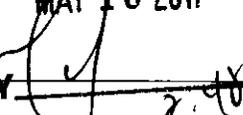
→ No Filing Fee

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 508324 | | 2. Exact Name of the Limited Liability Company CLEAR CHOICE INVESTMENT 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 91 FRIENDSHIP STREET, SUITE # 3 | | | |
| City/Town PROVIDENCE | | State RHODE ISLAND | Zip 02903 |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 3457 POST ROAD | | | |
| City/Town WARWICK | | State RHODE ISLAND | Zip 02886 |
| 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) _____ | | | |
| <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 EDWARD J. GOMES, ESQ. | | | Date 5/18/17 |
| Signature of Authorized Person of the Limited Liability Company  | | | |

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
 MAY 18 2017
 BY 
 FORM 642A - Revised: 06/2016



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:

May 18, 2017 02:48 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

