

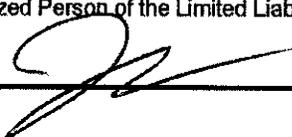


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUL 13 AM 10:36

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 001674705	2. Exact Name of the Limited Liability Company RIVER HOUSE PROJECT OWNER, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 450 VETERANS MEMORIAL PARKWAY, SUITE 7A			
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip 02914	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: CT CORPORATION SYSTEM			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 222 Jefferson Blvd Ste 200			
City/Town Warwick	State RHODE ISLAND	Zip 02888	
6. The name of the NEW resident agent is: Capitol Corporate Services, Inc.			
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 James T. Asahi			Date 7/10/17
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

10:35 FILED

JUL 13 2017

BY 