



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

-> Filing Fee: \$20.00

2017 AUG 18 AM 10: 29

1, Entity ID Number	urpose of changing its resident agent in the State of Rhode Island: 2. Exact Name of the Limited Liability Company DMDP, LLC		
790817			
3. The address of the res	ident office as PRESENTLY show	n in the records on file with the	Pi Donadmont of Ctot.
Street Address ONE TURE	(S HEAD DI ACE	in in the records on the with the	At Department of State:
	19 HEAD PLACE		
City/Town PROVIDENCE		State RHODE ISLAND	^{Zip} 02903
4. The name of the reside	ent agent as PRESENTLY shown	in the records on file with the R	Department of State:
JOHN F. KELLEHER			
5. The address of the NE	W resident office is:		
Street Address (NOT a P.O.	Box) 251 SMITH STREET		
	291 OMITH STREET		
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02908
6. The name of the NEW	resident agent is:		
DAWN HOULE			
7 Data when this Statem			
Date received (Upon	ent of Change of Resident Agent v	will be effective: CHECK ONLY	ONE BOX
	Date must be no more than 30 da	ve from the day of films	
	declare and affirm that I have exe		
Limited Liability Company,	and that all statements contained	amined this Statement of Chang I herem are true and correct.	ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Comp		y //	Date
JAMES T. LYNCH	1-/1	<i>V</i>	8/8/17
Signature of Authorized Pe	erson of the Limited Liability Comp	Υ-	
\	SIGN DOC	UMENT HERE	
1			

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 AUG 18 2017
BY CE 3105