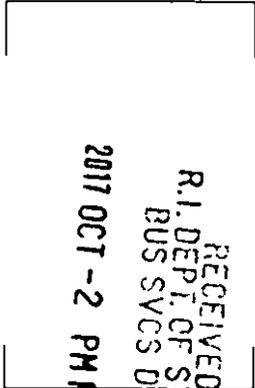




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

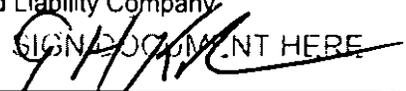


Statement of Change of Agent

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 799564		2. Exact Name of the Limited Liability Company Three K Realty, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 7630 Post Road			
City/Town North Kingstown		State RHODE ISLAND	Zip 02852
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Donald M. Gregory, II, Esq.			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 681 Smith Street			
City/Town Providence		State RHODE ISLAND	Zip 02908
6. The name of the NEW resident agent is: Charles F. Reilly, Esq.			
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 Gregory H. Kirwan			Date 9/25/17
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

12:01 **FILED**
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