



State of Rhode Island and Providence Plantations

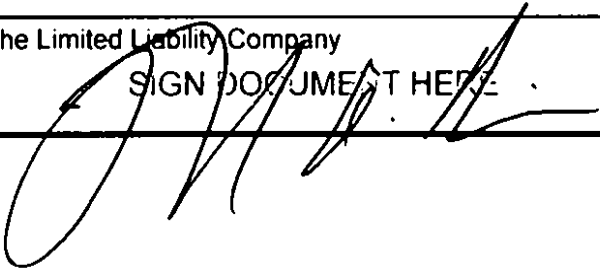
Department of State - Business Services Division

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 OCT -4 AM 11:01
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 001662047		2. Exact Name of the Limited Liability Company THE MAD DASH COMPANY, 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 St.			
City/Town Providence	State RHODE ISLAND	Zip 02903	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: MICHAEL S. KIERNAN, ESQ.			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 146 WESTMINSTER ST			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
6. The name of the NEW resident agent is: THOMAS C. PLUNKETT, 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) _____			
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 THOMAS A. KIERNAN			Date OCT. 1, 2017
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

FILED**OCT 04 2017****BY 314024****A.A. 11:01 AM**