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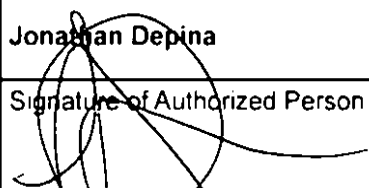
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Statement of Change of Agent

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 000796666		2. Exact Name of the Limited Liability Company Imperium 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 1177 Greenwich Avenue			
City/Town Warwick		State RHODE ISLAND	Zip 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State Lisette M. Gomes			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 692 Warren Avenue			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW resident agent is Michael C. Lima, 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 Jonathan Depina			Date 09-29-2017
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  **STAMP**

OCT 23 2017 2:55

BY CU 315551