| | State of Rhode Island an Office of the Se | d Providence Plantat ecretary of State | ions No Fee |
|--|---|--|---|
| HOPE | 148 W. R Providence R | usiness Services River Street RI 02904-2615 22-3040 | |
| | Company ange of Address of the Resident of the General Laws of Rhode Island | | |
| | SECTIO | | |
| The name of the limit | ted liability company is | | |
| <u>SAMA, LLC</u> | | | |
| | SECTIO | DN II | |
| The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: | | | |
| 850 AQUIDNECK | AVENUE 1-8 MIDDLETOWN | <u>N, RI 02842</u> | |
| SECTION III | | | |
| The NEW address of | the resident agent is: | | |
| No. and Street: | <u>157 PROSPECT HILL ST</u> <u>A</u> | | |
| City or Town: | <u>NEWPORT</u> | State: RI | Zip: <u>02840</u> |
| SECTION IV | | | |
| <u>11/11/2017</u> | ss of the resident agent shall becom ore than 30 days after, filing this Statement) | e effective upon the filing of | this statement, or on |
| individual or indivi of the signatory, ur the act and deed of | y of November, 2017 at 12:25:1 iduals signing this instrument co ader penalties of perjury, that thi f the company, and that the facts compliance with R.I. Gen. Laws | nstitutes the affirmation of is instrument is that indives stated herein are true, a | or acknowledgement idual's act and deed or |
| KARYN CHABOT Signature of Resider | - | | |
| Form No. 642 Revised 09/07 | | | |
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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

November 11, 2017 12:24 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

