RI SOS Filing Number: 201859499100 Date: 3/1/2018 11:09:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

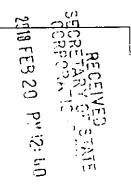
Statement of Change of Agent

6. The name of the NEW resident agent is:

Christopher A. Murphy

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: 2. Exact Name of the Limited Liability Company 1. Entity ID Number Warren, LLC 000704640 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address Pine Street 3RD City/Town Providence State Zip **02903** RHODE ISLAND 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Thomas P. Carter 5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 615 Jefferson Blvd. Suite A204 City/Town Warwick Zip **02886** State RHODE ISLAND

7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY	
Date received (Upon filing)	09
Later effective date (Date must/be no more than 30 days from the date of filing)	
Under penalty of perjury, I declare and affirm that I have exa Limited Liability Company, and that all statements contained	
Name of Authorized Person of the Limited Viability Company	Date
Richard K. Bendetson	1/25/2018
Signature of Authorized Person of the Limited Liability Comp	any

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**

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BY <u>Jajuo</u> 1