RI SOS Filing Number: 201860562260 Date: 3/19/2018 12:02:00 PM

	State of Rhode Island and Providence Plantations Department of State - Business Services Division
State	ment of Change of Agent
DOME	STIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

2018 JAN 22	CORPORATIONS
AM 11: 39	EF STATE

1. Entity ID Number	2. Exact Name of the Limited Liability Company								
1666215	ICASE DEPOT, LLC								
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State.									
Street Address 222 JEFFERSON BLVD., SUITE 200									
City/Town WARWICK		State RHODE ISLAND	^{Zip} 02888						
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:									
UNITED STATES CORPORATION AGENTS, INC									
5. The address of the NEW re		زئ	_ (/)						
Street Address (NOT a P.O. Box) 100 METRO CENTER BLVD					CRE				
City/Town WARWICK		RHODE ISLAND	Zip 02886	19	1303 1303 1303 1303 1303 1303 1303 1303				
6. The name of the NEW resident agent is:									
ANTHONY V. RICCI CPA, IN	1:5:								
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX									
Date received (Upon filing)									
Later effective date (Date must be no more than 30 days from the day of filing)									
	clare and affirm that I have exa nd that all statements contained		ge of Resident	t Agent i	by the				
Name of Authorized Person of the Limited Liability Company Date									
AGIL NADIROV 01/15/18									
Signature of Authorized Person of the Limited Liability Company									
SIGN DOCUMENT HERE									
		J							

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**

MAR 19 2018

BY 326830