



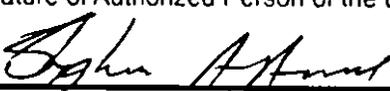
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 521164		2. Exact Name of the Limited Liability Company KCS HOLDINGS, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 238 ROBINSON STREET P.O. BOX 5551			
City/Town Wakefield	State RHODE ISLAND	Zip 02880	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Mark S. Spangler (Resigned)			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 133 Old Tower Hill Rd., Suite One			
City/Town Wakefield	State RHODE ISLAND	Zip 02879	
6. The name of the NEW resident agent is: John F. Kenyon			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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 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 Stephen Arnold		Date 4/3/18	
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

RECEIVED
 STATE
 SECRETARY OF
 CORPORATION
 DIV
 APR 5 AM 11:28
 2018 APR -5

11:30

FILED

APR 05 2018

BY  328113

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov