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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 APR 25 PM 1:20

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 000485422 | | 2. Exact Name of the Limited Liability Company Hassenfeld Family Initiatives, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address: 246 Prairie Avenue Suite 1 | | | |
| City/Town Providence | State RHODE ISLAND | Zip 02905 | |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Norman G. Orodenker, Esquire | | | |
| 5. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 807 Broad Street, Ste 100 | | | |
| City/Town Providence | State RHODE ISLAND | Zip 02907 | |
| 6. The name of the NEW resident agent is: Casby Harrison III, Esquire | | | |
| 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 ALAN G. Hassenfeld | | Date April 9, 2018 | |
| Signature of Authorized Person of the Limited Liability Company <i>Alan G. Hassenfeld</i> 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
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 BY *[Signature]* 329307
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