RI SOS Filing Number: 201877454060 Date: 9/14/2018 1:33:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division			2018 S	SECRE	
				SEP	OR A
Statement of Chang				£	크건
DOMESTIC or FOREIGN Limited Liability Company				골	유유
→ Filing Fee: \$20.00					O G
				မှ မွ	~
	RIGL <u>7-16-11</u> the undersigned l rpose of changing its resident a	• • •			
Entity ID Number	2. Exact Name of the Limited				
000140964	PEP-BAIN LLC				
	t office as PRESENTLY shown	in the records on fle with the	Pl Departme	ont of State:	
		Till the records on the with the	Ki Departine	The Or State.	
Street Address 50 Kennedy Plan	za, 18th Floor				
City/Town Providence		State RHODE ISLAND	Zip 02903	•	Ì
4. The name of the resident a	agent as PRESENTLY shown in	n the records on file with the R	Department	of State:	
Roman A. Bejger			·		
5. The address of the NEW r	esident office is:				
Street Address (NOT a P.O. Box	450 Veterans Memorial Parkwa	y, Suite 7A		-	
City/Town East Providence,		Chara	Zip 02914		
East Providence,		State RHODE ISLAND	02914		
East Providence, 6. The name of the NEW res	ident agent is:	RHODE ISLAND	02914		
East Providence,	ident agent is	RHODE ISLAND	02914		
6. The name of the NEW res C T Corporation System	ident agent is of Change of Resident Agent v	RHODE ISLAND	02914		
6. The name of the NEW res C T Corporation System	of Change of Resident Agent v	RHODE ISLAND	02914		
East Providence, 6. The name of the NEW res C T Corporation System 7. Date when this Statement Date received (Upon fili	of Change of Resident Agent v ng) te must be no more than 30 da	vill be effective: CHECK ONLY	ONE BOX		
6. The name of the NEW res C T Corporation System 7. Date when this Statement Date received (Upon fili Later effective date (Date Under penalty of perjury, I determined to the control of the cont	of Change of Resident Agent v	vill be effective: CHECK ONLY ys from the day of filing) amined this Statement of Chan	ONE BOX	nt Agent by the	-
East Providence, 6. The name of the NEW res C T Corporation System 7. Date when this Statement Date received (Upon fili Later effective date (Date Under penalty of perjury, I de Limited Liability Company, and	of Change of Resident Agent ving) te must be no more than 30 da	vill be effective: CHECK ONLY ys from the day of filing) amined this Statement of Chan therein are true and correct.	ONE BOX ge of Reside		-
East Providence, 6. The name of the NEW res C T Corporation System 7. Date when this Statement Date received (Upon fili Later effective date (Date Under penalty of perjury, I de Limited Liability Company, and	of Change of Resident Agent ving) te must be no more than 30 dateclare and affirm that I have executed that all statements contained	vill be effective: CHECK ONLY ys from the day of filing) amined this Statement of Chan therein are true and correct.	ONE BOX ge of Reside	nt Agent by the	-
6. The name of the NEW res C T Corporation System 7. Date when this Statement Date received (Upon fili Later effective date (Date Under penalty of perjury, I de Limited Liability Company, at Name of Authorized Person of Roman A. Bejger	of Change of Resident Agent ving) te must be no more than 30 dateclare and affirm that I have executed that all statements contained	yill be effective: CHECK ONLY ys from the day of filing) amined this Statement of Chan therein are true and correct.	ONE BOX ge of Reside		-
East Providence, 6. The name of the NEW res C T Corporation System 7. Date when this Statement Date received (Upon fili Later effective date (Date Under penalty of perjury, I de Limited Liability Company, at Name of Authorized Person of Roman A. Bejger	of Change of Resident Agent ving) te must be no more than 30 da eclare and affirm that I have exend that all statements contained of the Limited Liability Companion of the Limited Liability Companion of the Limited Liability Companion	yill be effective: CHECK ONLY ys from the day of filing) amined this Statement of Chan therein are true and correct.	ONE BOX ge of Reside		9
6. The name of the NEW res C T Corporation System 7. Date when this Statement Date received (Upon fili Later effective date (Date Under penalty of perjury, I de Limited Liability Company, at Name of Authorized Person of Roman A. Bejger Signature of Authorized Person of Signature of Signature of Authorized Person of Signature	of Change of Resident Agent ving) te must be no more than 30 da eclare and affirm that I have exend that all statements contained of the Limited Liability Companion of the Limited Liability Companion of the Limited Liability Companion	vill be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chan therein are true and correct.	ONE BOX ge of Reside		-
6. The name of the NEW res C T Corporation System 7. Date when this Statement Date received (Upon fili Later effective date (Date Under penalty of perjury, I de Limited Liability Company, at Name of Authorized Person of Roman A. Bejger Signature of Authorized Person of Signature of Signature of Authorized Person of Signature	of Change of Resident Agent ving) te must be no more than 30 da eclare and affirm that I have exend that all statements contained of the Limited Liability Companion of the Limited Liability Companion of the Limited Liability Companion	vill be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chan therein are true and correct.	ONE BOX ge of Reside		-
6. The name of the NEW res C T Corporation System 7. Date when this Statement Date received (Upon fili Later effective date (Date Under penalty of perjury, I de Limited Liability Company, at Name of Authorized Person of Roman A. Bejger Signature of Authorized Person of Signature of Signature of Authorized Person of Signature	of Change of Resident Agent ving) te must be no more than 30 da eclare and affirm that I have exend that all statements contained of the Limited Liability Companion of the Limited Liability Companion of the Limited Liability Companion	vill be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chan therein are true and correct.	ONE BOX ge of Reside		9
6. The name of the NEW res C T Corporation System 7. Date when this Statement Date received (Upon fili Later effective date (Date Under penalty of perjury, I de Limited Liability Company, and Name of Authorized Person (Roman A. Bejger Signature of Authorized Person (Popular Penalty of Person (Popular Penalty Person (Popular Person (Popular Person (Popular Person (Popular Penalty P	of Change of Resident Agent ving) te must be no more than 30 date clare and affirm that I have executed that all statements contained of the Limited Liability Companion of the Liability Companion of th	vill be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chan therein are true and correct.	ONE BOX ge of Reside		3
East Providence, 6. The name of the NEW res C T Corporation System 7. Date when this Statement	of Change of Resident Agent ving) te must be no more than 30 date clare and affirm that I have executed that all statements contained of the Limited Liability Companion of the Liability Companion of th	will be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chan it herein are true and correct. y pany UMENT HERE	ONE BOX ge of Reside Date	110/18	3
East Providence, 6. The name of the NEW res C T Corporation System 7. Date when this Statement Date received (Upon fili Later effective date (Date Under penalty of perjury, I de Limited Liability Company, at Name of Authorized Person of Roman A. Bejger Signature of Authorized Person of	of Change of Resident Agent ving) te must be no more than 30 date clare and affirm that I have executed that all statements contained of the Limited Liability Companion of the Liability Companion of th	vill be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chan therein are true and correct.	ONE BOX Ge of Reside Date	110/18	9

BY 8469 FORM 642 - Revised: 07/2016