RI SOS Filing Number: 201877456370 Date: 9/14/2018 2:19:00 PM

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

STAMP
FOR SECRETARY OF STATE USE ONLY

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	2. Exact Name of the Limited Liability Company
000681676	TRAZ CAPITAL PARTNERS II, LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address			
~~P.O. BOX 179~~ 155 S. Main St., Suite 405			
City/Town	State	Zip	
~~BLOCK ISLAND~~ Providence	RHODE ISLAND	02803	

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:
~~JOHN DEAN ESQ~~, BOISSEAU + DEAN, 155 S. MAIN ST, PROVIDENCE, RI 02903

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
42 GRANITE STREET		
City/Town	State	Zip
WESTERLY	RHODE ISLAND	02891

6. The name of the **NEW** resident agent is:
JON D. LALLO, c/o ORSINGER, NARDONE, LALLO & THOMSEN

7. Date when this Statement of Change of Resident Agent will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)

☐ 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	Date
JONATHAN NEWCOMB	9/10/2018

Signature of Authorized Person of the Limited Liability Company

Jonathan Newcomb SIGN DOCUMENT HERE

FILED 2:19
SEP 14 2018
BY NOSOP STAMP
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SECRETARY OF STATE
CORPORATIONS DIV

BY. _____

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

FORM 642 - Revised 11/2017