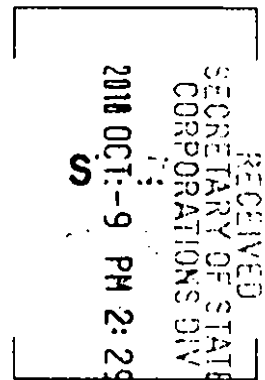




State of Rhode Island and Providence Plantations  
Department of State - Business Services Division



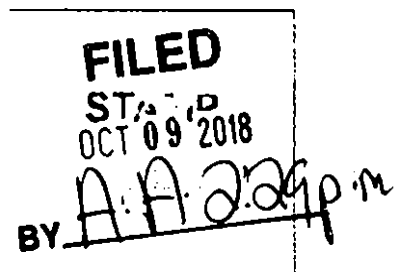
**Statement of Change of Agent** *ADDRES*  
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~ *no fee*

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 <b>001664200</b>		2. Exact Name of the Limited Liability Company <b>MMP GLOBAL LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <b>754 RIVER AVE</b>			
City/Town <b>PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02908</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>MAX D MEJIA</b>			
5. The address of the NEW resident office is: Street Address ( <u>NOT</u> a P.O. Box) <b>444 WOODWARD RD UNIT 45</b>			
City/Town <b>NORTH PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02904</b>
6. The name of the NEW resident agent is: <b>MAX D MEJIA</b>			
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 <b>MAX D MEJIA</b>			Date <b>10/03/2018</b>
Signature of Authorized Person of the Limited Liability Company SIGN DOCUMENT HERE <i>Max Mejia</i>			

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



*642 A.*



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

October 09, 2018 02:29 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

