	State of Rhode Island and Providence Plantati Office of the Secretary of State	ons Fee: \$20.0
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
Limited Liability Company Statement of Change of Res (Section 7-16-11 of the General Law	sident Agent /s of Rhode Island, 1956, as amended)	
	SECTION I	
The name of the limited liability co	mpany is	
ALHAMBRA, LLC		
	SECTION II	
The address of the resident agent	as PRESENTLY shown in the records on file with the Rhode Is	land Secretary of State is:
301 PROMENADE STREET PRO	<u>VIDENCE</u> , <u>RI</u> <u>02908</u>	
The name of the registered agent a	as PRESENTLY shown in the records on file with the Rhode Isl	land Secretary of State is:
KAREN G. DELPONTE, ESQ.		
	SECTION III	
The NEW address of the resident a	agent is:	
No. and Street: <u>50 EXCHANGE</u>	TERRACE	
City or Town: <u>PROVIDENCE</u>	State: RI	Zip: <u>02903</u>
The name of the NEW resident ag	ent is: <u>GERAGOS & GERAGOS, A PROFESSION</u>	AL CORPORATION
	SECTION IV	
The appointment of a new resident upon the filing of this statement.	agent and the change of address of the resident agent, as the	case may be, shall become effective
this instrument constitutes the of instrument is that individual's of the other structures and t	er, 2018 at 2:28:18 PM. This electronic signature of the affirmation or acknowledgement of the signatory, under act and deed or the act and deed of the company, and the conic filing, in compliance with R.I. Gen. Laws § 7-16.	penalties of perjury, that this

ALHAMBRA, LLC

Print Name of Limited Liability Company

MARK J. PROVOST

Signature of Authorized Person

Form No. 642

Revised 09/07

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