State	of Rhode Island and Providence Plantations Office of the Secretary of State	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 Resident A (Section 7-16-11 of the General Laws of Rhod		
	SECTION I	
The name of the limited liability company is	;	
PROV WEST END, LLC		
	SECTION II	
The address of the resident agent as PRES	ENTLY shown in the records on file with the Rhode Island Se	ecretary of State is:
301 PROMENADE STREET PROVIDENC	<u>E, RI 02908</u>	
The name of the registered agent as PRESI	ENTLY shown in the records on file with the Rhode Island Se	cretary of State is:
KAREN G. DELPONTE, ESQ.		
	SECTION III	
The NEW address of the resident agent is:		
No. and Street: <u>50 EXCHANGE TERRA</u> City or Town: <u>PROVIDENCE</u>	<u>.CE</u> State: RI	Zip: <u>02903</u>
The name of the NEW resident agent is:	GERAGOS & GERAGOS, A PROFESSIONAL CO	<u>DRPORATION</u>
	SECTION IV	
The appointment of a new resident agent ar upon the filing of this statement.	nd the change of address of the resident agent, as the case m	nay be, shall become effective
this instrument constitutes the affirmation instrument is that individual's act and construment is that individual is act and construment is act	at 3:09:19 PM. This electronic signature of the individ ion or acknowledgement of the signatory, under penalt deed or the act and deed of the company, and that the f ng, in compliance with R.I. Gen. Laws § 7-16.	ties of perjury, that this
$\underline{1}$		

Print Name of Limited Liability Company

MARK J. PROVOST

Signature of Authorized Person

Form No. 642

Revised 09/07

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