RI SOS Filing Number: 201880885200 Date: 11/5/2018 1:46:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2018 NOV -5 PH 4:46

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:			
Entity ID Number 2. Exact Name of the Limited I			···
001677674	NPAC Subsidary, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address Nixon Peabody LLP, One Citizen Plaza, Ste. 500			
City/Town Providence		State RHODE ISLAND	Zip 0290302840
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Armando Batastini, Esq.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 11 Touro Street (P.O. Box 234)			
City/Town Newport		State RHODE ISLAND	Zip 02840
6. The name of the NEW resident agent is:			
Anne M. Livingston, Esq.			
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 o	f the Limited Liability Company	1	Date
Andrea Rounds, Executive I	Director		15/30/18
Signature of Authorized Person of the Limited Liability Company			
SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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STAMP

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