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2018 NOV - 5<sup>TH</sup> PM 4:46

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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>001677674</b>		2. Exact Name of the Limited Liability Company <b>NPAC Subsidiary, 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>Nixon Peabody LLP, One Citizen Plaza, Ste. 500</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>0290302840</b>	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>Armando Batastini, Esq.</b>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>11 Touro Street (P.O. Box 234)</b>			
City/Town <b>Newport</b>	State <b>RHODE ISLAND</b>	Zip <b>02840</b>	
6. The name of the NEW resident agent is: <b>Anne M. Livingston, Esq.</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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <b>Andrea Rounds, Executive Director</b>			Date <b>10/30/18</b>
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

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**STAMP?**