RI SOS Filing Number: 201883240420 Date: 12/26/2018 1:06:00 PM

State of Rhode Island and Providence Plantations					
Department of	State - Business Services	DIVISION		حج	
				2018 DEC 26	25
Statement of Chan	ogo of Agent			30	252
Statement of Change of Agent DOMESTIC or FOREIGN Limited Liability Company				5	872
	on Limited Clabinty Company	J		9	AR
→ Filing Fee: \$20.00				PH	20.5
					25 J. B.
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: 1. Entity ID Number 2. Exact Name of the Limited Liability Company					<u>m</u>
1. Entity ID Number					
001337297	PARK VIEW OPERATIONS A	SSUCIATES LLC			
3. The address of the resid	lent office as PRESENTLY shown	in the records on file with the	RI Departm	ent of State:	
Street Address One Richmon	od Squara, Suita 125B				
One Richinon	U Square .Suite 125B		· · · · · ·		
City/Town Providence		State RHODE ISLAND Zip 0290			
				A -4 Otalas	
4. The name of the resider	nt agent as PRESENTLY shown in	n the records on file with the R	I Departme	nt of State:	
Northwest Registered Agent	LLC				
5. The address of the NEW	V resident office is:				
					
Street Address (NOT a F.O. D	30x) 450 Veterans Memorial Parkwa	y, Suite 7A			
City/Town		State	Zip 02014	Cip 02914	
East Providence,	_	RHODE ISLAND	V2714		
6. The name of the NEW r	esident agent is:				
C T Corporation System	-				
4		When affects OHECK ONLY	ONE BOX		
	ent of Change of Resident Agent v	VIII DE EMECTIVE. CHECK ONLY	ONE BOX		
Date received (Upon	filing)	forms the standard of filings			
Later effective date (Date must be no more than 30 da	ys from the day of liling)	- A Daale	dent Amont by	the
Under penalty of perjury, I Limited Liability Company,	declare and affirm that I have extended and that all statements contained	amined this Statement of Char d herein are true and correct.		ent Agent by	1118
Name of Authorized Person of the Limited Liability Compan		у	Date		
Shabsy Langsner			12/24/18		
Signature of Authorized P	erson of the Limited Liability Com	pany			
Signature of Additionage 1	SIGN DOC	LUMB TO 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 DEC 26 2018 1:04 Y Cu E 16-94