



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV

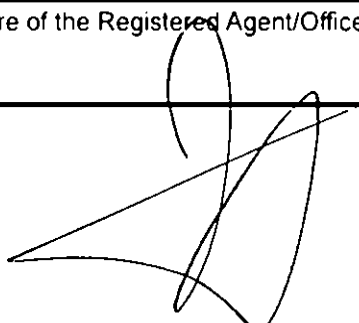
**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation

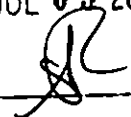
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→ No Filing Fee

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

|                                                                                                                                                                                          |                              |                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------|--|
| 1. Entity ID Number<br><b>1659419</b>                                                                                                                                                    |                              | 2. Exact Name of the Corporation<br><b>PCR Holdings, LLC</b> |  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                |                              |                                                              |  |
| Street Address <b>1 FINANCIAL PLAZA, STE. 1800</b>                                                                                                                                       |                              |                                                              |  |
| City/Town<br><b>PROVIDENCE</b>                                                                                                                                                           | State<br><b>RHODE ISLAND</b> | Zip<br><b>02903</b>                                          |  |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                                   |                              |                                                              |  |
| Street Address ( <u>NOT</u> a P.O. Box) <b>321 SOUTH MAIN STREET, 4th FLOOR</b>                                                                                                          |                              |                                                              |  |
| City/Town<br><b>PROVIDENCE</b>                                                                                                                                                           | State<br><b>RHODE ISLAND</b> | Zip<br><b>02903</b>                                          |  |
| 5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                  |                              |                                                              |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____       |                              |                                                              |  |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).                                                                                |                              |                                                              |  |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i> |                              |                                                              |  |
| Name of the Registered Agent/Officer of the Corporation<br><b>JOSHUA CELESTE, ESQ.</b>                                                                                                   |                              | Date<br><b>6/18/2019</b>                                     |  |
| Signature of the Registered Agent/Officer of the Corporation<br> 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](http://www.sos.ri.gov)

2:13  
**FILED**  
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 BY   
**STAMP**  
 FOR



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

July 03, 2019 02:13 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

