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

**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<br><b>1695552</b>   |                              | 2. Exact Name of the Limited Liability Company<br><b>385 Cumberland Hill Road, 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<br><b>222 Jefferson Boulevard</b>  |                              |  |  |
| City/Town<br><b>Warwick</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02888</b>  |  |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:<br><b>COGENCY GLOBAL INC</b>   |                              |  |  |
| 5. The address of the NEW resident office is:   |                              |  |  |
| Street Address (NOT a P.O. Box)<br><b>222 Jefferson Boulevard</b>   |                              |  |  |
| City/Town<br><b>Warwick</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02888</b>  |  |
| 6. The name of the NEW resident agent is:<br><b>COGENCY GLOBAL INC.</b>   |                              |  |  |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY   |                              |  |  |
| <input type="checkbox"/> Date received (Upon filing)  |                              |  |  |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 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 of the Limited Liability Company<br><b>Joseph Sopp</b>  |                              | Date<br><b>10/10/2019</b>  |  |
| Signature of Authorized Person of the Limited Liability Company<br><i>Joseph Sopp</i>   |                              |  |  |

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 ✓  
OCT 11 2019  
BY CHESXD  
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