| State of Rhode Island and Office of the Secr | | Fee: \$20.00 |
|---|---------------|-------------------|
| Division Of Busin 148 W. Rive | | |
| Providence RI 02904-2615 | | |
| (401) 222 | -3040 | |
| Limited Liability Company Statement of Change of Resident Agent | | |
| (Section 7-16-11 of the General Laws of Rhode Island, 1956, as amended) | | |
| SECTION I | | |
| The name of the limited liability company is | | |
| <u>9 Innings, LLC</u> | | |
| SECTION II | | |
| The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: | | |
| 105 MEDWAY STREET PROVIDENCE, RI 02906 | | |
| The name of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: | | |
| DANIEL J. SILVA, ESQ. | | |
| SECTION III | | |
| The NEW address of the resident agent is: | | |
| No. and Street: 1586 CHALKSTONE AVENUE | | |
| City or Town: <u>PROVIDENCE</u> | State: RI Z | Zip: <u>02909</u> |
| The name of the NEW resident agent is: | LEONARD SILVA | |
| SECTION IV | | |
| The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement. | | |
| Signed this 4 Day of December, 2019 at 11:59:18 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16. | | |
| <u>9 Innings, LLC</u> Print Name of Limited Liability Company | | |

LEONARD SILVA Signature of Authorized Person Form No. 642 Revised 09/07

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