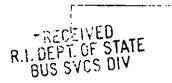
RI SOS Filing Number: 201929641110 Date: 12/9/2019 2:20:00 PM





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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

| following statement for the purp | | | |
|---|--|--------------------|----------------------|
| Entity ID Number | 2. Exact Name of the Limited Liability Company | | |
| 001664470 | Konanicut LLC | | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address Street OVICH WE | | | |
| City/Town Jamestown | | State RHODE ISLAND | ^{Zip} 02835 |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 86 Orient Ave, Box 505 | | | |
| City/Town Jamestown | | State RHODE ISLAND | ^{Zip} 02835 |
| 5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX | | | |
| ✓ Date received (Upon filing) | | | |
| Later effective date (Date must be no more than 30 days from the day 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 | | | Date |
| Beth Smith | | | 12/6/19 |
| Signature of Authorized Perso | on of the Limited Liability Comp | pany | |
| Beth Smith 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

FILED

DEC 0 9 2019

BY A. A. 2'. 20pm

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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:

December 09, 2019 02:20 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

