INSTRUCTIONS FOR FILING

- 1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in Items 2 and 4 of the preceding form currently appears in the records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
- 2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the resident agent. A statement submitted with a post office box address only will not be accepted for filling.
- 3. The statement must be signed on behalf of the limited liability company by an authorized person which authorizes the change.
- 4. The fee for filing the Statement of Change of Resident Agent is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a resident agent's address is changed to another address in this state, the resident agent may change the address by completing the statement below instead of the preceding form. This statement must be signed by the resident agent, or on the resident agent's behalf, and submitted for filling, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the Statement to verify that the information required in item 2 below currently appears in the records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

ID Number: <u>103645</u>

No Filing Fee

		OF CHANGE OF ADDRESS E RESIDENT AGENT
again, or the be	provisions of Section 7-16-11(c)(1) erson signing on behalf of the resider ress within this state:	of the General Laws, 1956, as amended, the undersigned resident nt agent, submits the following statement for the purpose of changing
1. The name o	of the limited liability company is:	
:	Delta Drive, LLC	
2. The address State is:	s of the resident agent as PRESENT	TLY shown in the records on file with the Rhode Island Secretary of
100	Medway Street, Provider	nce, RI 02906
	ddress of the resident agent is:	
1	Hope Street, Providence	e, RI 02906
į	· · · · · · · · · · · · · · · · · · ·	shall become effective upon the filing of this statement, or on
	(a date not prior to, nor more th	an 30 days after, the filing of this Statement)
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: <u>Octol</u>	70. IN 9H II F7 130	Stanley A. Bleecker Print Name of Resident Agent
FILET OCT 23 2	WIC SUCH TO SELECTION OF THE COURT OF THE CO	Monly li Bleache
	93614030	Signature Signature
By Cold	93614030	Signature