State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

2020 APR -9 ₱ 2: 0b

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

STAMP

Pursuant to the provisions of F following statement for the pur	RIGL <u>7-16-11</u> the undersigned li pose of changing its resident a	mited liability company submit gent in the State of Rhode Isla	s the nd:
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000810929	AMID Merger GP II LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 222 JEFFERSON BOULEVARD, SUITE 200			
City/Town WARWICK		State RHODE ISLAND	Zıp 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
CORPORATION SERVICE COMPANY			
5. The address of the NEW resident office is:			
Street Address (NOT a PO. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence,		State RHODE ISLAND	Zip 02914
6. The name of the NEW resident agent is:			
C T Corporation System			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
X Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I de Limited Liability Company, a	oclare and affirm that I have exa nd that all statements contained	mined this Statement of Chan I herein are true and correct.	ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Nadine Moustafa, VP & General Counsel			4/8/20
Signature of Authorized Pers	on of the Limited Liability Comp	pany	
SIGN DOCUMENT HERL			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov