

Filing Fee: \$20.00

LLC I.D. # 86793

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
OFFICE OF THE SECRETARY OF STATE

**STATEMENT OF CHANGE OF NAME AND/OR ADDRESS OF
RESIDENT AGENT OF**

CONREAL, LLC

To the Secretary of State
of the State of Rhode Island

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of ☐ the name, ☐ the address, ☒ both the name and address of the resident agent in the State of Rhode Island:

FIRST: The name of the Limited Liability Company is:

CONREAL, LLC

SECOND: Organized under the laws of: Rhode Island

THIRD: The name and address of its present resident agent is: John M. Harpootian, Esq.
Paster & Harpootian, Ltd., One Providence Washington Plaza, Providence, RI
02903

FOURTH: The name and address of its prior resident agent is: Adler Pollock & Sheehan
Incorporated, 2300 Hospital Trust Tower, Providence, RI 02903

Dated _____, 19____

PAID

DEC 19 1996
SECY OF STATE

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CONREAL, LLC

(Applicant)

*By: John M. Harpootian

Its: Manager

*To be signed in the manner required by the home state.