		of Rhode Island ne Secretary of State	Fee: \$20.00
	Division	Of Business Services	
148 W. River Street			
	Provide	ence RI 02904-2615	
1636	(4	01) 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)			
		ECTION I	
The name of the limited liability company is			
<u>ODS401, 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:			
, The name of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:			
SECTION III			
The NEW address of the resi	dent agent is:		
	dent agent is.		
No. and Street: <u>250 AL</u> FL 1	<u>LTHEA STREET</u>		
	<u>IDENCE</u>	State: RI	Zip: <u>02909</u>
The name of the NEW reside	ent agent is:	STEPHANIE VINA	AS
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 15 Day of Octo or individuals signing this in signatory, under penalties of and deed of the company, an filing, in compliance with R.	nstrument constitut f perjury, that this ad that the facts sta	tes the affirmation or ackno instrument is that individuo uted herein are true, as of th	owledgement of the al's act and deed or the act
<u>ODS401, LLC</u>			

Print Name of Limited Liability Company

STEPHANIE VINAS

Signature of Authorized Person

Form No. 642 Revised 09/07

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