Filing Fee: \$20.00

ID Number: 159781



Form No. 642 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

1.	The name of the limited liability company is:			
	Minot, LLC			
2.	The address of the resident agent as PRESENT State is:	'LY shown in the records on file with the Rhode Is	land Se	cretary,of
	46 Clarke Road, Barrington, RI 02806		<u> </u>	<u> </u>
3.	The NEW address of the resident agent is: 100 Westminster Street, Suite 1500, Providence,	RI 02903, c/o Hinckley Allen	8 -8 PM 12:	TARY OF ORATION
4.	The name of the resident agent as PRESENTL State is: Susan DiGiovanni	Y shown in the records on file with the Rhode Is		cretary of
5.	The name of the NEW resident agent is: HASLAW, Inc.			
6.	The appointment of a new resident agent and the become effective upon the filing of this statement.	change of address of the resident agent, as the ca	ase may	be, shall
		Under penalty of perjury, I declare that contained herein is true and correct.	the inf	ormation
Dat	te: <u>2/8/2016</u>	Minot, LLC		
	12:13pm FILED	Print Name of Limited Liability Comp	oany	
	FEB 0 8 2016	Signature of Authorized Person)	
	217087			