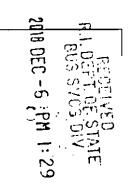
RI SOS Filing Number: 201882318940 Date: 12/6/2018 1:29:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



Pursuant to the provisions of R following statement for the purp	IGL <u>7-16-11</u> the undersigned li cose 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		
001672032	Tier One Relocation 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	Zip 02888
4. The name of the resident a	gent 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 P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence,		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 ONLY ONE BOX			
Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day of filing)			
Under penally of perjury, I de Limiled Liability Company, an	clare and affirm that I have exa d 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
Stephanie Hencz			12-05-2018
Signature of Authorized Person of the Limited Liability Company SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 0 6 2018 1:29

BY CA F 79C1/