## REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number: <u>154273</u>
STAT	EMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT
Pursuant to the provisions of Section 7-16 or the person signing on behalf of the ragent's address within this state:	6-11(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, resident agent, submits the following statement for the purpose of changing the
1. The name of the limited liability comp	pany is:
	Bob's Discount Furniture, LLC
	RESENTLY shown in the records on file with the Rhode Island Secretary of State
is: 155 South Main Street,	Suite 301, Providence, Rhode Island 02903
3. The NEW address of the resident agent	is:
10 Weybosset Street, Pr	rovidence, Rhode Island 02903
4. The change of address of the resident a	gent shall become effective upon the filing of this statement, or on
(a date not prior	to, nor more than 30 days after, the filing of this Statement)
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date:5/1/2011	Kenneth J. Uva, Vice President
	Print Name of Resident Agent
	Kenneth J. Uva
FILED	Signature
MAY 02 2011	
Ву	



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

