INSTRUCTIONS FOR FILING

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1.	3040 to verify that the information required in Items	commended that you call the Corporations Division at (401) 222- s 2 and 4 of the preceding form currently appears in the records of stent with the records of this office, the statement will be returned.
2.	notice of a physical location at which process, noti	n item 3 of the preceding form in order to provide the public with ce or demand required or permitted by law may be served on the office box address only will not be accepted for filing.
3.	The statement must be signed on behalf of the limit change.	ted liability company by an authorized person which authorizes the
4.	The fee for filing the Statement of Change of Residence Island Secretary of State.	lent Agent is \$20.00, and payment should be made bayable to the
NOTE: If a resident agent's address is changed to another address in this state, the resident agent may change the address by completing the statement below instead of the preceding form. This statement must be signed by the resident agent, or on the resident agent's behalf, and submitted for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the Statement to verify that the information required in item 2 below currently appears in the records of the Secretary of State. As required by law, you must provide a street address in item 3 below.		
No Filing Fee		ID Number: 156256
STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT		
Pursuant to the provisions of Section 7-16-11(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, or the person signing on behalf of the resident agent, submits the following statement for the purpose of changing the agent's address within this state:		
1.	The name of the limited liability company is:	
	Absorbent Specialty Products, LLC	
2.	State is:	
	99 Hartford Ave., Providence, RI 02909	2007
3.	The NEW address of the resident agent is:	
	413 Central Ave. # 10, Pawtucket, RI 02861	
4.	The change of address of the resident agent shall become effective upon the filing of this statement or on Sept. 7th, 2007	
(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.
Da	te: 9/7/07 w	Carol Dancer
	FILED"	Print Name of Resident Agent

SEP 1 8 2007

By 037144

[2:5]