Filing Fee: \$20.00

ID Number: 114877

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## 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

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

| -   |   |
|---|---|
| The name of the limited liability company is:      Lewer Associates   | S,UC  |
| 2. The address of the resident agent as PRESENTI State is: 46 Aborn Street, Providence, RI 02                             | LY shown in the records on file with the Rhode Island Secretary of 2903   |
| 3. The NEW address of the resident agent is: 46 Aborn Street, Providence, RI 02   | 2903  |
| 4. The name of the resident agent as PRESENTLY State is:  Michael D. Corso, Esq.  | Y shown in the records on file with the Rhode Island Secretary of   |
| 5. The name of the NEW resident agent is:  Arnold B. Chace, Jr.   |   |
| <ol><li>The appointment of a new resident agent and the<br/>become effective upon the filing of this statement.</li></ol> | change of address of the resident agent, as the case may be, shall  |
| Date: September 20, 2007  | Under penalty of perjury, I declare that the information contained herein is true and correct.  Print Name of Limited Liability Company |
| rILED   | Amod B. Chace, Jr. Signature of Authorized Person   |
| SEP 2 7 2007 ハラウ<br>Form No. 642<br>Revised: 12/05 By <u>ド</u> かし 03%(  | 000   |