Filing Fee: \$20.00

ID Number: 130734



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:

| 1. | The name of the limited liability company is: ASSECUATES LLC |
|-----|--|
| 2. | The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 46 Aborn Street, Providence, RI 02903 |
| 3. | The NEW address of the resident agent is: 46 Aborn Street, Providence, RI 02903 |
| 4. | The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: Michael D. Corso, Esq. |
| 5. | The name of the NEW resident agent is: Arnold B. Chace, Jr. |
| 6. | The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement. |
| Dat | Under penalty of perjury, I declare that the information contained herein is true and correct. Print Name of Limited Liability Company |
| | Avnota B. Chace JV Signature of Authorized Person |

FILED

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Form No. 642 Revised: 12/05

By Konc 038005