Filing Fee: \$20.00

ID Number: <u>11481</u>7



1. The name of the limited liability company is:

## 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:

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.  September 20, 2007  Print Name of Limited Liability Company
	Amod B. Chace Jv. Signature of Authorized Person
	SEP 27 2007 11:30  By LMC  sed: 12/05