Filing Fee: \$20.00

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Form No. 642 Revised: 12/05

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: 54 Phillips Avenue, Li	LC
2.	SIMP IS:	shown in the records on file with the Rhode Island Secretary of East Greenwich, RI 02818
3.	The NEW address of the resident agent is: 178 Division Street, E	East Greenwich, RI 02818
4.	The name of the resident agent as PRESENTLY state is: Samuel A. Worthing?	shown in the records on file with the Rhode Island Secretary of
5.	The name of the NEW resident agent is: Sheila Cooley	
6.	The appointment of a new resident agent and the checome effective upon the filing of this statement.	hange of address of the resident agent, as the cas e m ay be, shall
Da	te: 9/30/o 7	Under penalty of perjury, I declare that the information contained herein is true and correct. 54 Phillips Avenue LLC Print Name of Limited Liability Company Signature of Authorized Person
	en en	•

OCT 10 2007 11:31

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