Filing Fee: \$20.00

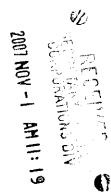
ID Number: <u>143948</u>



## 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:  |  |  |
|----|--|--|--|
|    | Transition Coaching + Even   | t Planning, LLC d.b.a. Create Your Life!   |  |
| 2. | The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  931 Jefferson Blvd., Suite 2008, Warwick, RT 02886 |  |  |
| 3. | The NEW address of the resident agent is:  152 Harrison Ave., Newport, RI 02840  |  |  |
| 4. | The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  Richard W. Nicholson                                  |  |  |
| 5. | The name of the NEW resident agent is:  William Steeves, 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.       |  |  |
|    |  | Under penalty of perjury, I declare that the information contained herein is true and correct. |  |
| Da | ete: 10/29/07 FILED  | Transition Coaching & Event Planning   |  |
|    |  | Print Name of Limited Liability Company  |  |
|    | , filed  |  |  |
|    | NOV <b>01</b> 2007   | Signature of Authorized Person   |  |
|    | 000 11:19  | Signature of Authorized Ferson   |  |

Form No. 642 Revised: 12/05