Filing Fee: \$20.00

ID Number: <u>148589</u>

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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 CHA	NGE OF RESIDENT AGENT	4
Pu cha	Pursuant to the provisions of Section 7-16-11 of the Ge change of its resident agent and the address of its resider	neral Laws, 1956, as amended, the undersignent agent in the state of Rhode Island as follows:	
1.	The name of the limited liability company is:		
	About Families, LLC		
2.	<ol><li>The address of the resident agent as PRESENTLY s State is:</li></ol>	hown in the records on file with the Rhode Islan	nd Secretary of 化。
	Meeting Street Center, 667 Waterman Avenue, East	Providence, RI 02914	الله
3.	The first addition of the following agent is:		13 TO
	About Families, LLC, 203 Concord Street, Suite 335, F	Pawtucket, RI 02860	
4.	<ol> <li>The name of the resident agent as PRESENTLY shorters:</li> <li>John M. Kelly</li> </ol>	own in the records on file with the Rhode Islan	d Sentetary of
5.	5. The name of the NEW resident agent is:  Michael L. Pearis		
6.	<ol> <li>The appointment of a new resident agent and the char become effective upon the filing of this statement.</li> </ol>	nge of address of the resident agent, as the case	e may be, shall
	U	Inder penalty of perjury, I declare that the ontained herein is true and correct.	e information
Dat	Date:	ohn M. Kelly for About Families, LLC	
<b>-</b>	30	Print Name of Limited Liability Compan	
	rILED	The Harris of Entitled Elability Company	ıy
	· ILLD	Jonn ale	
	NOV 07 2007 11 66 -	Signature of Authorized Person	
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Form No. 642 Revised: 12/05