Filing Fee: \$20.00



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 C change of its resident agent and the address of its resid	General Laws, 1956, as amended, the undersigned authorizes at lent agent in the state of Rhode Island as follows:
1.	The name of the limited liability company is:	
	Power Street Associates, LLC	
2.	2. The address of the resident agent as PRESENTLY State is:	shown in the records on file with the Rhode Island Secretary of
	Hinckley, Allen & Snyder LLP 50 Kennedy Plaza, S	ite 1500 Providence RI 02903
3.	 The NEW address of the resident agent is: Point Gammon Corp 121 South Main Street, 4th Flo 	por 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:	
	Malcolm Farmer III	
5.	5. The name of the NEW resident agent is: Malcolm G. Chace, ♂c.	
6. The appointment of a new resident agent and the change of address of the resident agent, as the case become effective upon the filing of this statement.		hange of address of the resident agent, as the case may be, shall
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: May 22, 2007		Power Street Associates, LLC
		Print Name of Limited Liability Company
		Signature of Authorized Person
	FILED	Signature of Additionzed Ferson