Filing Fee: \$20.00

ID Number: 103525

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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 CHANGE OF RESIDENT AGENT  |
|            | rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a<br>ange of its resident agent and the address of its resident agent in the state of Rhode Island as follows: |
| j.         | The name of the limited liability company is:  |
|            | ANTON ASSOCIATES, L.L.C.   |
| 2.         | The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:   |
|            | 10 Weybosset Street, Providence, Rhode Island 02903  |
| 3.         | The NEW address of the resident agent is:  |
|            | 1000 Chapel View Boulevard, Suite 220, Cranston, Rhode Island 02920  |
| <b>l</b> . | The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  |
|            | Martin M. Temkin, Esquire  |
| 5.         | The name of the NEW resident agent is: Benjamin G. Paster, Esquire   |
| <b>3</b> . | 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.   |
| Эа         | te: $\frac{5/29/08}{}$ ANTON ASSOCIATES, L.L.C.  |
|            | FILED Print Name of Limited Liability Company  |
|            | JUN 05 2008  Signature of Authorized Person  |
|            | 059903   |

Form No. 642 Revised: 12/05