Filing Fee: \$20.00

ID Number: \_\_\_\_\_





## 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:	
	H.D. Rose Furniture LLC	
2. The address of the resident agent as PRESENTLY shown in the records on file with the F State is:		shown in the records on file with the Rhode Island Secretary of
	65 Baldwin Street East Providence, RI 02914	
3.	The NEW address of the resident agent is:	
	245 Warren Avenue East Providence, RI 02914	
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:	
	Henry D Rose	
5.	The name of the NEW resident agent is:	
	Henry C Rose	
6.	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.
Date:		H.D. Rose Furniture LLC
		Print Name of Limited Liability Company
		1 Hs Close
	EILEN	Signature of Authorized Person
FILED		

Form No. 642 Revised: 12/05 SEP 1 5 2008 1:38 By 0(28202 K unl



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

