Filing Fee: \$20.00



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

Date: Canvary 2, 2009 AKF GROUP LLC Print Name of Limited Liability Company Signature of Authorized Person			f the General Laws, 1956, as amended, the undersigned authorizes a s resident agent in the state of Rhode Island as follows:	
State is: 10 Weybosset Street, Providence, RI 02903 3. The NEW address of the resident agent is: 222 Jefferson Boulevard, Suite 200, Warwick, RI 02888 4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: CT Corporation System 5. The name of the NEW resident agent is: Corporation Service Company 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. AKF GROUP LLC Print Name of Limited Liability Company AKF GROUP LLC Signature of Authorized Person	1.	- · ·		
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Date: Date: Date: Canvary 2, 200	5.	•		
Date: Canvary 2, 2009 AKF GROUP LLC Print Name of Limited Liability Company Signature of Authorized Person	6.			
Signature of Authorized Person		/	Under penalty of perjury, I declare that the information contained herein is true and correct.	
Signature of Authorized Person	Dai	ite: January 2, 2009	AKF GROUP LLC	
Signature of Authorized Person	.		Print Name of Limited Liability Company	
		U	Paul a Sallo Signature of Authorized Person	
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Form No. 642 Revised: 12/05