Filing Fee: \$20.00

ID Number: <u>486505</u>



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

MA SINY GOOD

STATEMENT OF CHANGE OF RESIDENT AGENT

Pu cha	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a lange 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: Aquasense Technologies Lic
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	02903
3.	The NEW address of the resident agent is: 1 St Floor Prov 0290
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: $5 + e phe \lambda + 2 + w + w + 5 + w + w + w + w + w + w + w$
5.	The name of the NEW/resident agent is: ICUGE The name of the NEW/resid
_	The second second and the change of address of the resident agent, as the case may be shall

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.

FILED

JAN 1 5 2009 C

Under penalty of perjury, I declare that the information contained herein is true and correct.

Print Name of Limited Liability Company

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Signature of Authorized Person

Member