Filing Fee: \$20.00

ID Number: <u>OOD (18項)</u>6



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: PRANCING HORSE MARINE LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	ONE FINANCIAL PLAZA, SUITE 1800, PROLIDENCE RI 02903
3.	The NEW address of the resident agent is:
	125 STEAMRORT AVENUE NORTH KINGGTOWN, RI 02852
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	GARY R. PANNONE RESIGNED REVOKED 10/3/06
5.	The name of the NEW resident agent is: ROBIN B. COLEMAN
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.
Dat	e: 1/16/09 Print Name of Limited Liability Company
	DB Charan
	Signature of Authorized Person
	Sole Henber

Form No. 642 Revised: 12/05 FILED

FEB 02 2009

By <u>127</u>9730