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

SECKETARY OF STA

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned thorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

The name of the limited liability company is:	INRII VENTURES LLC
The address of the resident agent as PRESENTL State is: 222 DEFFERS on 1	SOULEVARD, SUITE 2000, WARWICK RE
The NEW address of the resident agent is:	JUHNSTON RI 02919
,	shown in the records on file with the Rhode Island Secretary of
The name of the NEW resident agent is: SAMEER RAMKRISHNAN	
The appointment of a new resident agent and the become effective upon the filing of this statement.	change of address of the resident agent, as the case may be, shall
	Under penalty of perjury, I declare that the information contained herein is true and correct.
te: 02/10/2009	VIVETI VENTURES
11:04	Print Name of Limited Liability Company Signature of Authorized Person
FILI	Signature of Authorized Person

Form No. 642 Revised: 12/05 FEB 10 2009

By 4580424