RALPH MO	State of Rhode Island and Providence Plantations Office of the Secretary of State	No Fee
	Corporations Division	
	148 W. River Street	
Co. Gare	Providence, Rhode Island 02904-2615	
etary of 5	Telephone: (401) 222-3040	
Limited Liability Company		
Statement of Change of Address of the Resident Agent (Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)		
	SECTION I	
The name of the li	limited liability company is	
Gaskin Associate	es, LLC	
SECTION II		
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:		
MOSES & AFONSO, LTD. 170 WESTMINSTER STREET, SUITE 201 PROVIDENCE, RI 02903-		
SECTION III		
The NEW address	s of the resident agent is:	
No. and Street:	MOSES & AFONSO, LTD.	
No. and Street.	160 WESTMINSTER STREET, SUITE 400	
City or Town:		p: <u>02903</u>
	SECTION IV	
	dress of the resident agent shall become effective upon the filing of this statement for more than 30 days after, filing this Statement)	nt, or on
individuals signi signatory, under act and deed of	Day of February, 2009 at 3:11:33 PM. This electronic signature of the is ing this instrument constitutes the affirmation or acknowledgement of the renalties of perjury, that this instrument is that individual's act and de the company, and that the facts stated herein are true, as of the date of , in compliance with R.I. Gen. Laws § 7-16.	he ed or the
	-	
ANTONIO AFC Signature of Resid		
Form No. 642 Revised 09/07		
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