Filing Fee: \$20.00

ID Number: 143710



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Zang.	Office of	O AND PROVIDENCE PLANTATIONS the Secretary of State	
		orations Division W. River Street	
	76	W. River Street Rhode Island 02904-2615	
	T TOVIGETION, I		
	LIMITED L	IABILITY COMPANY 23	
	STATEMENT OF CH	HANGE OF RESIDENT AGENT	
		1.35	
Pursuar change	t to the provisions of Section 7-16-11 of the of its resident agent and the address of its resi	General Laws, 1956, as amended, the undersigned authorizes a dent agent in the state of Rhode Island as follows:	
1. The	name of the limited liability company is:		
	CKWOOD FARMS LLC		
<u></u>			
2. The	address of the resident agent as PRESENTL e is:	Y shown in the records on file with the Rhode Island Secretary o	
469	CENTERVILLE RD, SUITE 203, WARWICK,	RI 02886	
			
3. The	NEW address of the resident agent is:		
	1220 KINGSTOWN RD, PEACE DALE, RI 02879-2440		
122	THE STATE OF THE S		
	name of the resident agent as PRESENTL) te is:	shown in the records on file with the Rhode Island Secretary	
BE	RNARD A. POIRIER CPA		
	name of the NEW resident agent is: DNALD J. PACKER, ESQ		
	NACE OF TACKER, EGG		
6. The	appointment of a new resident agent and the	change of address of the resident agent, as the case may be, sha	
bed	ome effective upon the filing of this statement.		
		Under penalty of perjury, I declare that the information contained herein is true and correct.	
<u> </u>	FEBRUARY 6,2009	ROCKWOOD FARMS LLC	
Date: _		Print Name of Limited Liability Company	
	_	Mugge nave	
	cii ED	Signature of Authorized Person	
	CII EV		

Form No. 642 Revised: 12/05