Filing Fee: \$20.00

ID Number: 101



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: Simart Toner, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	34 Providence St., West Warwick, RI, 02893
3.	The NEW address of the resident agent is:
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: Michael Hagepian
5.	The name of the NEW resident agent is:
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.
Da	te: 64 08 89 Smart Toner, LLC Print Name of Limited Liability Company
	Print Name of Limited Liability Company
	Signature of Authorized Person
	Signature of Authorized Person
	Signature of Authorized Person

Form No. 642 Revised: 12/05 FILED
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