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Form No. 642 Revised: 12/05

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:

Date: Da	1.	The name of the limited liability company is: ///////////////////////////////////
4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:	2.	
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. Print Name of Limited Liability Company Signature of Authorized Person	3.	The NEW address of the resident agent is: AND PROVIDENCE PROVID
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. Print Name of Limited Liability Company Signature of Authorized Person	4.	
Date: Da	5.	The name of the NEW resident agent is:
Date: Contained herein is true and correct. Market File File	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.
Print Name of Limited Liability Company Signature of Authorized Person		Under penalty of perjury, I declare that the information
FILED //// Signature of Authorized Person	_	
	Da	Print Name of Limited Liability Company
		JUN 02 2009