Filing Fee: \$20.00

ID Number: <u>/62446</u>



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:

me	linge of its resident agent and the address of its resident agent in the state of three resident agent and
1.	The name of the limited liability company is:  DIVING PROVIDENCE CONCINE SERVICES LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  16 Ensy Minning States Troubert FT 02906
3.	The NEW address of the resident agent is:  16 LANDWAYN TOWN Providence: RT 02906
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: $RUSSELD$ . $RISKIN$
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.  DIVING PROVIDENCE CAMERING SERVICES  Point Name of Limited Liability Company
Da	117 Mall Mall
	FILED Signature of Auth rized Person  JUN 02 2009
	By / 900711