Filing Fee: \$20.00 ID Number: <u>600/5/525</u>



Form No. 642 Revised: 12/05

1. The name of the limited liability company is:

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 are change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

١.	Certified Disaster Cleanix	ng and Restoration, LLC.
2.	State is:	shown in the records on file with the Rhode Island Secretary of X , $Pautucket$, RT $OAXCO$
3.	The NEW address of the resident agent is: 85 Industrial Circle, I	incoln, RI 03865
4.	The name of the resident agent as PRESENTLY state is: Richard A. Pacia, Esq.	shown in the records on file with the Rhode Island Secretary of
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	ate: 8/6/07	Cottled Disaster Cleaning undlestoration, LCC Print Name of Limited Liability Company
	FILED	Signature of Authorized Person
	AUG 1 4 2009	