Filing Fee: \$20.00

ID Number: 386 258



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:

cha	ange 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: SIGNATORE CONSTRUCTION SERVICES INTERNATIONAL LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 43 BRNUFORD ST. BRISTO: RT
3.	The NEW address of the resident agent is: 51. WESTERN INOUSTRIAL ORIVE, CRONSTON RI: 03931-3402
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: KOBERT M. DRINGERS
5.	The name of the NEW resident agent is: \[\subseteq \text{LCSEPH} \ \frac{MRGG/RCOMO}{} \]
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.
Dai	Under penalty of perjury, I declare that the information contained herein is true and correct. te: 9/15/69 SIBNATURE CONSTRUCTION SERVICE LIMITARY Print Name of Limited Liability Company
	Signature of Authorized Person