Filing Fee: \$20.00

ID Number: 1252



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

Pur cha	suant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a nge 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:  Farms capes LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:    State is:
3.	The NEW address of the resident agent is:  333 Wapping Rd. Portsmouth, R1 02871
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:    Elizabeth (arroll)
5.	The name of the NEW resident agent is:  James Booth
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: 9/8/09 Farmslapes LLC  Print Name of Limited Liability Company
	FILED FMM VM Rumm Signature of Authorized Person
	DCT_0 8 2009  By