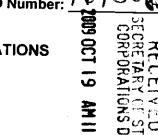
Filing Fee: \$20.00

ID Number:





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

Pı ch	ursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a lange of its resident agent and the address of its resident agent in the state of Rhode Island as follows:
	The name of the limited liability company is:
	Great Point Associates, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	300 Centerville Road, Suite 300, Summit West, Warwick, RI 02886
^	The Marian and
3.	The NEW address of the resident agent is:
	164 Centerville Road, Warwick, RI 02886
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	Sanford J. Resnick, ESQ
	The name of the NEW resident agent is: Robert C. Lamoureux
0.	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.
Date	Under penalty of perjury, I declare that the information contained herein is true and correct. Robert C. Lamoureux, Member
	Print Name of Limited Liability Company Signature of Authorized Pelson
	OCT 19 2009 By D8 11 44
	No. 642 ed: 12/05

Form No. 642 Revised: 12/05