Filing Fee: \$20.00

ID Number:	100091
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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 th	ne address of its resident agent in the state of Rhode Island as follows:
1.	The name of the limited liability	y company is:
	D-Five Realty, LLC	
2.	The address of the resident a State is:	gent as PRESENTLY shown in the records on file with the Rhode Island Secretary of
	ATTN: SECRETARY, 50 Ker	nnedy Płaza, Suite 1500, Providence, Rt 02903
3.	The NEW address of the resid	lent agent is:
	One Citizens Plaza, 8th Floor,	Providence, RI 02903
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island State is:	
	HASLAW, LLC	
6.	The appointment of a new resbecome effective upon the filir	ident agent and the change of address of the resident agent, as the case may be, shall
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	ate: October ⁽² , 2009	D-Five Realty, LLC
•	FILED	Print Name of Limited Liability Company
00 •	T 1,9 2009	Signature of Authorized Person
·	101/10/	S003 OCT 19 PM 12: 55