Filing Fee: \$20.00

ID Number: \_\_\_\_\_\_\_120740



## 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 amnorizes a change 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:	28 VTE	
	FM Approvals, LLC		
2.	<ol><li>The address of the resident agent as PRESENTLY shown State is:</li></ol>	in the records on file with the Rhode Island Secretary of	
	1301 Atwood Ave., P.O. Box 7500, Johnston, RI: 02919		
2	The NEW address of the resident agent is:		
<b>J</b> .	3	270 Central Ave., P.O. Box 7500, Johnston, RI: 02919	
	ZTO Ceritial Ave., F.O. Box 7300, Johnston, Kt. 02919		
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:		
	Nelson G. Wester		
5.	5. The name of the NEW resident agent is: Factory Mutual Insurance Company		
6.	<ol><li>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.</li></ol>		
		penalty of perjury, I declare that the information ned herein is true and correct.	
Da	Date: 16 October 2009 FM Ap	provals, LLC	
<i>ع</i> ب		Print Name of Limited Liability Company	
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