Filing Fee: \$20.00

ID Number 153685



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:

1.	The name of the limited fiability company is: DROAM HOME ADALTY, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 24 HWV Si. CUMBRIAND, AT 02864
3.	The NEW address of the resident agent is: 55 CIACUIT DA: CUMBORIANO, AT 02864
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
5.	The name of the NEW resident agent is:
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: 10/26/09 DRIAN HOME ACHLTY LLC Print Name of Limited Liability Company
	12:42 Dul C-Esters
	FILED Signature of Authorized Person
	OCT 29 2009