ID Number: _______ Filing Fee: \$20.00



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 CHAI	NGE OF RESIDENT AGENT
	Pursuant to the provisions of Section 7-16-11 of the Ger change of its resident agent and the address of its residen	neral Laws, 1956, as amended, the undersigned authorizes a tagent in the state of Rhode Island as follows:
1.	The name of the limited liability company is:	
	Newport Equestrian Academy, LLC	
2.	The address of the resident agent as PRESENTLY s State is:	hown in the records on file with the Rhode Island Secretary of
	221 Third St Newport, RI. 02840	
3.	3. The NEW address of the resident agent is: **Third Common St. Fall River, Ma. 02726 287 Third	o BEACH Rd MINOLETOWN, No 00843
4.	 The name of the resident agent as PRESENTLY shorted is: 	own in the records on file with the Rhode Island-Secretary of
	Geoffrey Regan	8 2002
5.	The name of the NEW resident agent is: Suzanne Hourihan	5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Gazanie Hoanian	
6.	The appointment of a new resident agent and the cha become effective upon the filing of this statement.	nge of address of the resident agent, as the case may be, shalk
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	Date: 11/6/09	lewport Equestrian Academy, LLC
		Print Name of Limited Liability Company
	FILED	Suganne Housikan
	NOV 0 9 2009	Signature of Authorized Person
	- U	