Filing Fee: \$20.00

ID Number: <u>506298</u>



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

our cha	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a unge 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:
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: AZE MAIN 5. EAST AREEN WILL 67818
3.	The NEW address of the resident agent is: AZS MAIN ST. EAST AREENWICH OZSIS
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.	become effective upon the filing of this statement. Under penalty of perjury, I declare that the information
Da	contained herein is true and correct. TRANFOLD SUMMENT UC Print Name of Limited Liability Company

Form No. 642 Revised: 12/05