Filing Fee: \$20.00 ID Number: <u>503817</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

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:

	The name of the limited liability company is:					
	Bowen, Miclette	& Britt Insurance A	gency, LLC			
	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:					
	155 South Main Street, Suite 301	Prov	idence	RI	0290	3
3.	The NEW address of the resident agent is:					
	222 Jefferson Bo	ulevard, Warwick	c RI 0	2888		
	The name of the NEW resident agent is:				ZOSP NOV I	
ō.	The name of the NEW resident agent is:				€3 3=	000
	National Corporate Research, Ltd.					
	National C	orporate Research	, Ltd.		γC	3:
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Form No. 642 Revised: 12/05