Filing Fee: \$20.00

ID Number. 128836



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

	OTATEMENT 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 liability company is:
	Atlantic Locksmiths LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	67 Cedar St, Providence, RI 02903
3.	The NEW address of the resident agent is:
	629 Killingly St, Johnston, RI 02919
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	Brian LaPlante, Esq.
5.	The name of the NEW resident agent is: Brian Dubois
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: /3 - / - 0 9 Atlantic Locksmiths LLC
	te: // - / - 0 - 9 Atlantic Locksmiths LLC Print Name of Limited Liability Company
	FILED'
	DEC 0 3 2009 . Signature of Authorized Person
_	Signature of Authorized Person
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	n No. 642 '' ised: 12/05