Filing Fee: \$20.00



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

cha	change of its resident agent and the address of its resident age	nt in the state of Rhode Island as follows:
1.	The name of the limited liability company is:	
	Arbor Vita Group	
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secret State is:	
	Corporation Services Company, 222 Jefferson Blvd, Warw	ick, RI 02888
		ω ·
3.	The NEW address of the resident agent is:	(c)
1 West Exchange Street, Unit 1804, Providence, RI 02903		<u> </u>
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4.)	.) The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:	
_	The Company Corporation Service Company	
5.	The name of the NEW resident agent is: Andre C. Willis	
6.	5. 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.	
		penalty of perjury, I declare that the information ned herein is true and correct.
Dat	Date: March 19, 2010 Arbor	/ita Group
Dai	Suite.	Print Name of Limited Liability Company
		Signature of Authorized Person

Form No. 642 Revised: 12/05

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