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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:

cha	nge 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:
	Arcadian Fields, ILC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	LINDA T KUSHNER 560 Lloyd Ave Proo RE 02904
3.	The NEW address of the resident agent is: (94 Blitz Kripg Track Hope Uckey RI 0283
	P.O. Box 1273, Hope Valley, RI 02832
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	LINDA J KUSHNER
5.	The name of the NEW resident agent is: DIANA J KUSH NEY
3.	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.
Dat	e: Arcadien Fields, LL (Print Name of Limited Liability Company
	D. / hur
	FILED Signature of Authorized Person
	OCT 22 2010 9.24

Form No. 642 Revised: 12/05 By 12943) EMC