Filing Fee: \$20.00				ID Number:			
FOR	STATE OF R	Office of Con 148	D AND PROVIDE the Secretary of Stat porations Division W. River Street Rhode Island 02904-	e	TATIONS	2010 DEC -	
		LIMITED L	IABILITY COMP	ANY		o: ∯:	
						<u>:</u>	
	STATE	EMENT OF CH	IANGE OF RESI	DENT AGEN	IT	29	
Pursuant to the pursuant to th	provisions of Section dent agent and the a	n 7-16-11 of the address of its resi	General Laws, 1956 dent agent in the stat	, as amended, e of Rhode Isla	the undersigne and as follows:	d autho	rizes a
	the limited liability co						
2. The address State is:			Y shown in the recor		*		•
							02903
3. The NEW add	dress of the resident	agent is:					
<u> </u>	BRAWN	AVENUE	JAMES (Da)	v, AI	01835		
4. The name of State is:			shown in the record				
					 .		
5. The name of	the NEW resident ag	entis: T, Mc	ALOON				
The appointm become effect	ent of a new residentive upon the filing of	nt agent and the c f this statement.	change of address of	the resident ag	ent, as the case	may be	e, shall

//) '

12/1/10

Signature of Authorized Parson

Print Name of Limited Liability Company

Under penalty of perjury, I declare that the information

contained herein is true and correct.

Form No. 642 Revised: 12/05 10:29
FILED
DEC -8 2010
BY 732736