Filing Fee: \$20.00

ID Number: <u>100/30/2</u>4



## 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	<b>CHANGE</b>	<b>OF</b>	RESIDENT	<b>AGENT</b>
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	OTATEMENT OF CHANGE OF RESIDENT AGENT
cha	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned at the angle 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:
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of
	State is: 50 POWER RS SUITE 200 PAWT RI 02860
3.	The NEW address of the resident agent is: 7 LEO SUE PROUR! 02909
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  **CHARS PACIA CSQUIRE**
5.	The name of the NEW resident agent is:   ATHERINE DICKENPON
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 berein is true and correct.
Da	te:
	12:09 V LWW
	Signature of Authorized Person

Form No. 642 Revised: 12/05

APR 01 2011