Filing Fee: \$20.00

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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

cha	ange of its resident agent and the address of its resid	ent agent in the state of Rhode Island as follows:
1.	The name of the limited liability company is:	
	ORGANIZATION CONCEPTS OF RHODE ISLAND), LLC
2.	The address of the resident agent as PRESENTLY State is:	shown in the records on file with the Rhode Island Secretary of
	120 Wayland Ave., Suite 5, Providence, RI 02906	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3.	The NEW address of the resident agent is: 2927 West Shore Rd., Warwick, Ri 02886	
4.	The name of the resident agent as PRESENTLY state is:	shown in the records on file with the Rhode Island Secretary of
	Kristin N. Matsko, Esq.	
5.	The name of the NEW resident agent is: Christine A. Costa	
The appointment of a new resident agent and the change of address of the resident agent, as the case may be, sh become effective upon the filing of this statement.		
	/ 1	Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	nte: <u>6.1.2011</u>	Organization Concepts of Rhode Island, LLC Print Name of Limited Liability Company
		Signature of Authorized Person
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Form No. 642 Revised: 12/05