INSTRUCTIONS FOR FILING

- 1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in Items 2 and 4 of the preceding form currently appears in the records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
- 2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the resident agent. A statement submitted with a post office box address only will not be accepted for filing.
- 3. The statement must be signed on behalf of the limited liability company by an authorized person which authorizes the change.
- 4. The fee for filing the Statement of Change of Resident Agent is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a resident agent's address is changed to another address in this state, the resident agent may change the address by completing the statement below instead of the preceding form. This statement must be signed by the resident agent, or on the resident agent's behalf, and submitted for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the Statement to verify that the information required in item 2 below currently appears in the records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

No Filing Fee			ID Number: 541620
		IANGE OF ADDRESS IDENT AGENT	
Pursuant to the provision agent, or the person signi	is of Section 7-16-11(c)(1) of the	General Laws, 1956, as ame	ended, the undersigned resider

	rsuant to the provisions of Section 7-16-11(c)(1) ent, or the person signing on behalf of the residen agent's address within this state:	of the General Laws, 1956, as amended, the undersign t agent, submits the following statement for the purpos	gned residen e of changing
1.	The name of the limited liability company is:		
	Town Line Variety LLC		
2.	The address of the resident agent as PRESENT State is:	LY shown in the records on file with the Rhode Island	ecretary of
	1350 Division Road, Suite 102, West Warwick, R	02893	
3.	The NEW address of the resident agent is:		30
	620 Main Street, CU 3A, East Greenwich, RI 028	18	323
4.		hall become effective upon the filing of this statement	en or on
	(a date not prior to, nor more that	n 30 days after, the filing of this Statement)	
		Under penalty of perjury, I declare that the contained herein is true and correct.	information
Dat	e: [2 28 1	Paul DeMarco	
		Print Name of Resident Agent	
	FILEL)	lue DU	
	DEC 3 0 2011	Signature	

By 10'.24