ID Number: <u>69/8//</u> Filing Fee: \$20.00



Form No. 642 Revised: 12/05

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

1.	The name of the limited liability company is:			
	A Cleaner Image LLC			
^	The address of the resident seed to DDCCENTLY	Waterweight the considerate file with the Physics to be		
۷.	The address of the resident agent as PRESENTL' State is:	Y snown in the records on file with the Rhode is	land Se	ecretary of
	103 Lyman Ave., North Providence	RI	02	2911
3.	The NEW address of the resident agent is:			
	103 Lyman Ave., North Providence	RI	02	2911
4.	The name of the resident agent as PRESENTLY State is:	shown in the records on file with the Rhode Isl	and Se	cretary of
	Rita Colavita		<u> </u>	
			75	<u> </u>
5.	The name of the NEW resident agent is:		JAN	
	Bruce Hemond		19	21 7 28 6 2 11 3
			P	PAR M
6.	The appointment of a new resident agent and the o	change of address of the resident agent, as the ca		
	become effective upon the filing of this statement.		59	ATE
		Under penalty of perjury, I declare that contained herein is true and correct.		nformation
Da	te: 1/19/12	A Cleaner Image LLC		
	Print Name of Limite		oany	•
	FILED	Cuta Calinita - He	Me.	next
	LIAM 1 O ann	Signature of Authorized Person	1	
	/JAN 19 2012			