Filing Fee: \$28.00

ID Number: ______



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
Pu cha	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a ange 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:
	JOB 1:21, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	HASLAW, Inc., 50 Kennedy Plaza, Ste. 1500, Providence, RI 02903
3.	The NEW address of the resident agent is: Hinckley, Allen & Snyder LLP, 50 Kennedy Plaza, Ste. 1500, Providence, RI 02903
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	Sandra Matrone Mack, Sec.
5.	The name of the NEW resident agent is: HASLAW, Inc.
õ.	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 herein is true and correct.

Date: June 19, 2012

JOB 1:21, LLC

Print Name of Limited Liability Company

Signature of Authorized Person

Vice President of HASLAW, Inc.

Form No. 642 Revised: 12/05