Filing Fee: \$20.00

ID Number: 190754



## 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 change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

The name of the limited liability comp		
State is:	s PRESENTLY shown in the records on	file with the Rhode Island Secretary of
The NEW address of the resident ag	entis:	81860 75
State is:	PRESENTLY shown in the records on	
The name of the NEW resident agen		<u>50</u> <del>72</del>
The appointment of a new resident a become effective upon the filing of the	igent and the change of address of the re is statement.	
Date: 8/9/12	contained herein is true	rjury, I declare that the information and correct.  of Limited Liability Company
	Signatu	re of Authorized Person

Form No. 642 Revised: 12/05

AUG 1 0 2012