REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number: <u>571421</u>
	OF CHANGE OF ADDRESS RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c)(1) of or the person signing on behalf of the resident ager agent's address within this state:	the General Laws, 1956, as amended, the undersigned resident agent, at, submits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
	Masco Cabinetry LLC
2. The address of the resident agent as PRESENTLY is: 10 Weybosset Street, Providence, R	shown in the records on file with the Rhode Island Secretary of State
3. The NEW address of the resident agent is:	
10 Dorrance Street, Suite 530, Provi	dence, Rhode Island 02903
4. The change of address of the resident agent shall be	come effective upon the filing of this statement, or on
(a date not prior to, nor more	than 30 days after, the filing of this Statement)
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 2/8/2013	Kenneth J. Uva, Vice President
	Print Name of Resident Agent
FILED	
· · · · · · · · · · · · · · · · · · ·	Kenneth I Uva
FEB 1 2 2013	Kenneth J Uva Signature
BY	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

