Filing Fee: \$20.00

ID Number: 118113



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

| 1. | The name of the limited liability company is: | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | kwc hhc | |
| 2. | The address of the resident agent as PRESENTLY shown in the records on file with the Rhode State is: | _ |
| 3. | The NEW address of the resident agent is: | |
| | 64 KENYEN RD TIVERTON RI | 01.875 |
| 1 . | The name of the resident agent as PRESENTLY shown in the records on file with the Rhode State is: | Island Sacretary of |
| | MARY BETL SENCER | MAR 3 |
| | | the second secon |
|) . | The name of the NEW resident agent is: | |
| | JAMES A. DORNELLY | AH III O |
| | | Fil |
| 6. | The appointment of a new resident agent and the change of address of the resident agent, as the become effective upon the filing of this statement. | case may be, shall |
| | Under penalty of perjury, I declare that contained herein is true and correct. | t the information |
| Dat | e: 2/20/2013 true LLC | |
| | Print Name of Limited Liability Cor | npany |
| | luc & Cara | |
| | Signature of Authorized Pers | al Vactore |
| | | |

Form No. 642 Revised: 12/05 MAR 1 3 2013