Filing Fee: \$20.00

ID Number: <u>509595</u>



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

	Providence, Rhode Island 02904-2615	
	LIMITED LIABILITY COMPANY  ——————	
	STATEMENT OF CHANGE OF RESIDENT AGENT	
ours chai	ant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes are of its resident agent and the address of its resident agent in the state of Rhode Island as follows:	а
1.	he name of the limited liability company is:	
	2) geterand seem 9.I	-
	he address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of tate is:	of 
3.	he NEW address of the resident agent is:	
	96 Franklin Street Westerly AI 02891	-
	the name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of the records of the recor	)f
5.	the name of the NEW resident agent is:	
	Attorney Pasquale A. Caralive	
6.	The appointment of a new resident agent and the change of address of the resident agent, as the case may be, sha become effective upon the filing of this statement.	
	Under penalty of perjury, I declare that the information contained herein is true and correct.	'n
Dat	Print Name of Limited Liability Company	_
	Print Name of Limited Liability Company	
	$\mathcal{O} = \mathcal{O} = \mathcal{O}$	
	Signature of Authorized Person	
	FILED 11:17	
	OCT 0 9 <sub>2013</sub>	