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ID Number: __________



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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 CHA	ANGE OF RESIDENT AGENT	3, (2)	
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:				
1.	The name of the limited liability company is:			
	Mowry Farms, LLC			
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretar State is:			
	10B Appian Way, Smithfield, RI 02917			
3.	The NEW address of the resident agent is: 321 South Main Street, Suite 301, Providence, RI 02	903		
4.	State is:			
	Gina Simonelli Baxter, Esq.			
5.	The name of the NEW resident agent is: Arthur J. Leonard, Esq.			
 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 contained herein is true and correct.	information	
Dat	te: 4 27 15	Mowry Farms, LLC		
		Print Name of Limited Liability Company		
		Trank Syminelli		
	EU EN AL	Signature of Authorized Person		

Form No. 642 Revised: 12/05

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