Filing Fee: \$20.00 ID Number: <u>000//058</u>5



Form No. 642 Revised: 12/05

1. The name of the limited liability company is:

## 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

RECEIVED
REC

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:

	TARNED HISSOCIATES, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  35 Pegust Nd., Pawtneket, R.A. 02861
3.	The NEW address of the resident agent is:  J. Pineward Dr., North Prov., N.T.
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
5.	The name of the NEW resident agent is: Richard J. Dugaw
ŝ.	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.
Da	Under penalty of perjury, I declare that the information contained herein is true and correct.  TARIE A ASSOCIATES LLC  Print Name of Limited Liability Company  OCT 0 1 2015  Signature of Authorized Person