Filing Fee: \$20.00

ID Number: 294830



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 015 OCT 26 PH 12:

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

Pu cha	rsuant to the provisions of Section 7-16-11 of the ange of its resident agent and the address of its res	General Laws, 1956, as amended, the undersigned authorizes a ident agent in the state of Rhode Island as follows:
1.	The name of the limited liability company is:	
	Love Bugs, LLC	
2.	The address of the resident agent as PRESENTL State is:	Y shown in the records on file with the Rhode Island Secretary of
	1536 Westminster Street, Providence, RI 02909	
3.	The NEW address of the resident agent is: 34 Pinehurst Avenue, Providence, RI 02908	
4.	The name of the resident agent as PRESENTLY State is:	shown in the records on file with the Rhode Island Secretary of
	Robert A. Peretti, Esq.	
5.	The name of the NEW resident agent is: Jamie Glowacki	
6.	The appointment of a new resident agent and the become effective upon the filing of this statement.	change of address of the resident agent, as the case may be, shall
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	ate: 10 23 15	Love Bugs, LLC Print Name of Limited Liability Company
	12:14pm FILED	1 Stowarh.
		Signature of Authorized Person
	OCT 2 6 2015	