Filing Fee: \$20.00



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

LIMITED LIABILITY COMPANY

STATEMENT OF	F CHANGE OF RESIDENT AGENT	ॼ ₹
Pursuant to the provisions of Section 7-16-11 of change of its resident agent and the address of its	f the General Laws, 1956, as amended, the un s resident agent in the state of Rhode Island as f	dersigned authorizes a follows:
1. The name of the limited liability company is: The Blue Fairey LL	<u>C</u>	
State is:	ENTLY shown in the records on file with the Rh	
3. The NEW address of the resident agent is: 105 Skunk Hill Rd , Hop	ne Valley RI 02832	,
Ctata in:	NTLY shown in the records on file with the Rho	
5. The name of the NEW resident agent is: TASMIN Roy		
The appointment of a new resident agent and become effective upon the filing of this staten	d the change of address of the resident agent, as nent.	s the case may be, shall
	Under penalty of perjury, I declare contained herein is true and correct.	that the information
Date:	The Blue Fairey Print Name of Limited Liability	YCompany
FILED	Jasmin Ka	
NOV 1 6 2015	Signature of Authorized	rerson
4 2013		