

Filing Fee: \$20.00

ID Number: 132301



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

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: Funky Functions, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 215 Sunnybrook Dr. No. Kingstown RI 02852

3. The NEW address of the resident agent is: 19 B Village Green No. Riverside RI 02915

4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: Amy Hagan Corkery

5. The name of the NEW resident agent is: Ann Moan

6. 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 information contained herein is true and correct.

Date: Oct. 11, 2005

Funky Functions
Print Name of Limited Liability Company

Ann M. Moan
Signature of Authorized Person

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
OCT 13 2005
AM 11:37

FILED

OCT 13 2005

By m 79841

QDA