

Filing Fee \$20.00

LLC I.D. # 73901

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

STATEMENT OF CHANGE OF NAME AND/OR ADDRESS OF
RESIDENT AGENT
OF

OCT 25 1997

.....Drowneville Associates L.L.C.

To the Secretary of State
of the State of Rhode Island

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of the name, the address, both the name and address of the resident agent in the State of Rhode Island:

FIRST: The name of the Limited Liability company is:

.....Drowneville Associates L.L.C.

SECOND: Organized under the laws of: Rhode Island

THIRD: The name and address of its present resident agent is:

.....Adler Pollock & Sheehan
.....2300 Hospital Trust Tower
.....Providence, Rhode Island 02903

FOURTH: The name and address of its prior resident agent is:

.....Benjamin G. Paster, Esq.
.....Paster & Harpootian
.....One Providence Washington Plaza, Providence, RI 02903

Dated...October 31....., 1997

FILED

NOV 10 1997

BY [Signature]
193642

.....Drowneville Associates L.L.C.

(Applicant)

* By [Signature]

Its MEMBER

* To be signed in the manner required by the home state.