Filing Fee: \$20.00

ID Number: _______



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

FILED	Hanon Manual
nte: <u>08/07/2005</u>	GARMAR REALTY LLC Print Name of Limited Liability Company
	Under penalty of perjury, I declare that the information contained herein is true and correct.
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
Jason M. Holt Esq	
The name of the NEW resident agent is:	
	•
Micheal Horan	
The name of the resident agent as PRESENTLY State is:	shown in the records on file with the Rhode Island Secretary of
77 Rolfe Square. PO Box 3611 ,Cranston, RI	02910
The NEW address of the resident agent is:	
393 Armistice Bld. Pawtucket Rhode island, 03	2861
The address of the resident agent as PRESENTL State is:	Y shown in the records on file with the Rhode Island Secretary of
GAHMAH HEALTY LLC	
• • •	
	State is: 393 Armistice Bld. Pawtucket Rhode island, 0: The NEW address of the resident agent is: 77 Rolfe Square. PO Box 3611 ,Cranston, Rl o The name of the resident agent as PRESENTLY State is: Micheal Horan The name of the NEW resident agent is: Jason M. Holt Esq The appointment of a new resident agent and the become effective upon the filing of this statement.

AUG 1 9 2005

Form No. 642 Revised: 06/01