Filing Fee: \$20.00

ID Number: 755 19



Form No. 642 Revised: 01/99

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 OR ADDRESS OF RESIDENT AGENT, OR BOTH

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 or the address of its resident agent, or both, in the state of Rhode Island as follows:

1.	The name of the limited liability company is: Hope Investments Limited Liability (Company		- ·· ··-
2.	The address of the resident agent as PRESENTLY State is: 15 Circle Street, East Providence		land Secre	etary of
3.	The NEW address of the resident agent is: 15 Circle Street, East Provider	nce, R. I.	C + 000	2- 32 - 32 - 3- 52 - 3- 63 - 3
4.	The name of the resident agent as PRESENTLY State is: Jo Anne Medeiros	shown in the records on file with the Rhode Isl	رین land Secre	etary o
5.	The name of the NEW resident agent is: Jane M. Roy		<u>.</u>	
6.	The appointment of a new resident agent or the change of address of the resident agent, or both, as the case may be, shall become effective upon the filing of this statement.			
Da	te: 10/sis/99	Under penalty of perjury, I declare that contained herein is true and correct.		rmatior
	PAID	Print Name of Limited Liability Com Conce and Mulin Signature of Authorized Person	•	
For	OCT 2 6 1999 SECTY OF STATE	Signature of Authorized Person	n	