INSTRUCTIONS FOR FILING

- 1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in Items 2 and 4 of the preceding form currently appears in the records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
- 2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the resident agent. A statement submitted with a post office box address only will not be accepted for filing.
- 3. The statement must be signed on behalf of the limited liability company by an authorized person which authorizes the change.
- 4. The fee for filing the Statement of Change of Resident Agent is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a resident agent's address is changed to another address in this state, the resident agent may change the address by completing the statement below instead of the preceding form. This statement must be signed by the resident agent, or on the resident agent's behalf, and submitted for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the Statement to verify that the information required in item 2 below currently appears in the records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

No Filing Fee		ID Number: <u>141327</u>	<u>_</u>
	•	NT OF CHANGE OF ADDRESS THE RESIDENT AGENT	
Pursuant to the provision agent, or the person sign the agent's address within	ing on behalf of the resi	e)(1) of the General Laws, 1956, as amended, the undersigned re sident agent, submits the following statement for the purpose of cha	sident anging
1. The name of the limit	ed liability company is:		
GNN II, LLC			
The address of the re State is:	esident agent as PRESI	ENTLY shown in the records on file with the Rhode Island Secreta	ary of
1500 Fleet Center Pr			
3. The NEW address of	the resident agent is:	de	<i>:</i>
50 Kennedy Plaza, S	uite 1500, Providence, I	RI 02903	<u>·, </u>
The change of additional upon filing	ess of the resident age	ent shall become effective upon the filing of this statement, or	on ;
•	a date not prior to, nor moi	re than 30 days after, the filing of this Statement)	
	• •	Under penalty of perjury, I declare that the inform contained herein is true and correct.	nation
Date: Oct 11	2005	Sandra Matrone Mack, Sec., HASLAW, LLC	
		Print Name of Resident Agent	
	FILED OCT 18 2006	Land Math Ma	
	OCI 18 2006	Signature	