्याing Fee: \$20.00

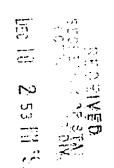
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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: SAK FUTKIPLISM LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 91 FRIENOSHIP ST PRIV., A.T.
3.	The NEW address of the resident agent is: 446 N. Broadway F. Prov., N.I., 02914
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
5 .	The name of the NEW resident agent is: HALLES TOVINO
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	ted 12/3 , 1996 Under penalty of perjury, I declare that the information contained herein is true and correct.
	DEC 10 1993 10800 BECY OF STATE TRK FENDERPRING LUC (Name of Limited Liability Company) (Author(zed Person)