

98348

INSTRUCTIONS FOR FILING
STATEMENT OF CHANGE OF RESIDENT AGENT
OR ADDRESS OF RESIDENT AGENT, OR BOTH

1. It is recommended that you call the Corporations Division at (401) 277-3040 to verify that the information required in Items 2 and 4 currently appears in the corporate records of the Secretary of State prior to submitting the statement for filing. 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 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 registered agent. A statement submitted with a post office box address 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.

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. This statement must be signed by the resident agent or on the resident agent's behalf.

STATEMENT OF CHANGE OF ADDRESS
OF THE RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned resident agent, or the person signing on behalf of the resident agent, submits the following statement for the purpose of changing the agent's address within this state:

1. The name of the limited liability company is:
Alchemie Investments II, LLC
2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
1070 Kingstown Road South Kingstown, RI 02879
3. The NEW address of the resident agent is:
30 Cutler Street, Suite 221 Warren, RI 02885
4. The change of address of the resident agent shall become effective upon the filing of this statement, or on _____
(a date not more than 30 days after filing this statement)

RECORDED
66, 11-15-99

PAID
JAN 14 1999
140 215329
SECY OF STATE

Dated January 12, 19 99

Under penalty of perjury, I declare that the information contained herein is true and correct.

Robert C. Bruns
Name of Resident Agent
By Robert C. Bruns
Signature