Filing Fee: \$20.00 ID Number: 1197 55



Form No. 642 Revised: 06/01

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

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 and the address of its resident agent in the state of Rhode Island as follows:

1.	The name of the limited liability company is:	N 6
	Salem Silveira	and Company LLC
2.	State is:	shown in the records on file with the Rhode Island Secretary of
	207 Touisset R	oad, Warren RI 02885
3.	The NEW address of the resident agent is: 943 Main St.	Warren FI 02885
4.	State is:	shown in the records on file with the Rhode Island Secretary of
	Michael J.	Silveira . B &
5.	The name of the NEW resident agent is: Name = Sale	RECEIVE OF THE PROPERTY OF THE
6.	The appointment of a new resident agent and the cl become effective upon the filing of this statement.	hange of address of the resident agent, as the case may be shall
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	te: 10/06/03	Salem Silveira Land Company LLC Print Name of Limited Liability Company
		MATEL ALL
	FILED	Signature of Authorized Person
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