Filing Fee: \$20.00

ID Number: //8 960



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

cha	ange 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: MEMORY LICE
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
3.	The NEW address of the resident agent is: 1445 WAMPANONE MAR Suife 202 Kepst Providence, NION
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: PETER D. NORAN, ESS.
5.	The name of the NEW resident agent is: FILD GUARINO
6.	The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	te: 10 111/03 MKMORY LANE LLC Print Name of Limited Liability Company
	FILED
	OCT 15 2003 Signature of Authorized Person
	BY MABIE CON ED II EL 130

Form No. 642 Revised: 06/01

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