Filing Fee: \$20.00

ID Number: <u>119072</u>



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: ANCHOR SELF STORAGE OF NARRA	AGANSETT, LLC	
2.	The address of the resident agent as PRESENTI State is:	LY shown in the records on file with the Rhode Is	sland Secretary of
	10 WEYBOSSET STREET, PROVIDENCE	CE 02903	1 55
			2
	The NEW address of the resident agent is:		<u> </u>
	11 SEXTANT LANE, NARRAGANSETT	02882	57
	The name of the resident agent as PRESENTLY State is: CT CORPORATION SYSTEM		
_			
5.	and the state of t		
	SANDRA J. GREEN	.	
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 contained herein is true and correct.	the information
Date:06/20/05		ANCHOR SELF STORAGE OF NARR	AGANSETT. LL
		Print Name of Limited Liability Con	npany
	FILED	Wall / / / /	Ther
	JUL 2 6 2005	Signature of Authorized Person	of _
	JUL 26 2005 By M 25-149		