Filing Fee: \$20.00

ID Number: DLLC 109374



## 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:

U1 16	ange of its resident agent of 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:
	71-73 Ruth Avenue, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	One Citizens Plaza, Suite 830, Providence, Rhode Island 02903
3.	The NEW address of the resident agent is: 50 Exchange Terrace, 3rd Floor, Providence, Rhode Island 02903
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of
	State is:
	F. Moore McLaughlin, Esq., Plourde & Leonard, Ltd.
_	
5.	The name of the NEW resident agent is:
	F. Moore McLaughlin, Esq., Plourde, Bogue, McLaughlin & Moylan, LLP
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.
	Under penalty of perjury, I declare that the information contained herein is true and correct.  IT TO THE TO THE Print Name of Limited Liability Company
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	Print Name of Limited Liability Company
	BY 22 2000
	00. HY 65 6 Strain W Signature of Authorized Person
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