Filing Fee: \$20.00



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, 1056

ch	ange of its resident agent and the address of its resident agent in the state of Rhode Island as follows:
	The name of the limited liability company is:
	NMS Associates, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	1500 Fleet Center, Providence, RI 02903
3.	The NEW address of the resident agent is:
	1140 Reservoir Avenue, Cranston, RI 02920
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	James P. Redding, Esq.
5.	The name of the NEW resident agent is:
	Mary E. Hassan, Legal Assistant
Y,	
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.
	become effective upon the filing of this statement.
	Under penalty of perjury, I declare that the information
	contained herein is true and correct.
Date	e: NMS Associates, LLC
	Print Name of Limited Liability Company
	FILED Signature of Authorized Person
	organistic of Administrator Cristin
	SEP 02 2005