Filing Fee: \$20.00 ID Number: 91480



Revised 12/97

## 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

cha	hange of its resident agent or the address of its resident age	nt, or both, in the State of Rhode Island as follows:	
The name of the limited liability company is:			
	NMS Associates, LLC	<u></u>	
2.	. The address of the resident agent as PRESENTLY sh State is:	e address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of ate is:	
	170 Westminster Street, Suite 1000, Providence, RI	2903	
3.	. The NEW address of the resident agent is:		
	1500 Fleet Center, Providence, RI 02903		
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:	e name of the NEW resident agent is:	
	Sandra Matrone Mack as Secretary HASLAW, LLC		
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.		
Dat		Under penalty of perjury, I declare that the information contained herein is true and correct.	
	PAID	NMS Associates, LIC	
_	NOV 2 6 1999 3 1941	(Name of Cimited Liability Company)  By (Authorized Person)	
For	form No. LLC-3		