Filing Fee: \$20.00

ID Number: <u>72088</u>



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. HLB,4CO LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 2200 BROAD Street CRANSton R-1029
3.	The NEW address of the resident agent is: 11 KRISIEII DRIVE MORTH PROVIDENCE R-1
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: An Hiory Albanese
5.	The name of the NEW resident agent is: 11010 albanes
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.
Da	Under penalty of perjury, I declare that the information contained herein is true and correct. Print Name of Limited Liability Company Signature of Authorized Person

Form No 642 Revised: 06/01 FILED
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