Filing Fee: \$20.00

ID Number: 90697



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
Pu cha	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a ange 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: Apple Valley Estates, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	2300 Financial Plaza Providence, RI 02903
3.	The NEW address of the resident agent is:
	400 Reservoir Avenue, Suite 3A Providence, RI 02907
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	Adler Pollock & Sheehan P.C.
5.	The name of the NEW resident agent is: Montaquila & Summer, P.C.
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 the information contained herein is true and correct.
Da	te: 9-30-02 Apple Valley Estates, LLC
	FILED Print Name of Limited Mability Company
	OCT 11 2002 Signature of Authorized Person
	Moignature of Authorized Person

By GDA 293149

Form No. 642 Revised: 06/01