Filing Fee: \$20.00

ID Number: 101 198



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

Pu ch:	Pursuant to the provisions of Section 7-16-11 of the Gener change of its resident agent or the address of its resident age	al Laws, 1956, as amended, the undersigned authorizes a nt, or both, in the state of Rhode Island as follows:
1.	The name of the limited liability company is: WBR, LLC	
2.	 The address of the resident agent as PRESENTLY show State is: 75 Sockanosset Crossroad, Cranston, RI 02920 	n in the records on file with the Rhode Island Secretary of
	75 Sockariosset Crossroad, Cranston, RI 02920	
વ	3. The NEW address of the resident agent is:	
J.	75 Sockanosset Crossroad, 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:	
	Thomas H. DiPrete	 en
5.	5. The name of the NEW resident agent is: Thomas H. DiPrete, DiPrete Law Offices	
 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. 		
	Unde herei	r penalty of perjury, I declare that the information contained is true and correct.
Dat	PAID OCT 0 4 2000 VID SECY OF STATE	Print Name of Limited Liability Company Signature of Authorized Person

Form No. 642 Revised: 01/99