Filing Fee: \$20.00

1D Number: <u>LL 96 198</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 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 change of its resident agent or the address of its resident agent, or both, in the state of Rhode Island as follows:

1.	The name of the limited liability company is:
	1770 Atwood 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: 1524 Attucod Auenor Sole 332 Johnston RT 02419
2	The NEW address of the resident agent is: 1740 ATWOOD ADENUE Johnston RT 02919
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 8 dual S. Katz
5.	The name of the NEW resident agent is:
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.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	te: 9/3/99 1740 Atwood Associates, LLC. Print Name of Limited Liability Company
	35.5 2 3 1099 889 66. Hd 25 2 Ê1 d35 Signature of Authorized Person 319 23 889 66. Hd 25 2 Ê1 d35 Signature of Authorized Person 319 23 889 66. Hd 25 2 Ê1 d35
	- BEDENAED