REGISTERED LIMITED LIABILITY COMPANY

| No Filing Fee | ID Number: 144386 |
|--|---|
| | MENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT |
| | 1(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, ident agent, submits the following statement for the purpose of changing the |
| 1. The name of the limited liability compan | y is: |
| | Strategic Acquisition Fund, LLC |
| | SENTLY shown in the records on file with the Rhode Island Secretary of State |
| is: 10 Weybosset Street, Prov | ridence, Rhode Island 02903 |
| 3. The NEW address of the resident agent is | • |
| 155 South Main Street, Su | ite 301, Providence, Rhode Island 02903 |
| 4. The change of address of the resident age | nt shall become effective upon the filing of this statement, or on |
| (a date not prior to, | nor more than 30 days after, the filing of this Statement) |
| | Under penalty of perjury, I declare that the information contained herein is true and correct. |
| Date: 12/2/08 | Kenneth J. Uva, Vice President |
| | Print Name of Resident Agent |
| FILED | Kenneth J. Uva |
| DEC 0 4 2008 | Signature |
| Ву | |



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

