REGISTERED LIMITED LIABILITY COMPANY

No Filing Fe	ee	ID Number: _ 504505
		OF CHANGE OF ADDRESS E RESIDENT AGENT
or the persor	he provisions of Section 7-16-11(c)(1) n signing on behalf of the resident agess within this state:	of the General Laws, 1956, as amended, the undersigned resident agent, gent, submits the following statement for the purpose of changing the
1. The name	of the limited liability company is:	
	Electri	c Insurance Agency, LLC
2. The addre	ess of the resident agent as PRESENTL	Y shown in the records on file with the Rhode Island Secretary of State
15.	155 South Main Street, Suite 301	, Providence, Rhode Island 02903
3. The NEW	address of the resident agent is:	
	10 Weybosset Street, Providence,	Rhode Island 02903
4. The change	e of address of the resident agent shall	become effective upon the filing of this statement, or on
	(a date not prior to, nor mo	are 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:	5/1/2011	Kenneth J. Uva, Vice President
		Print Name of Resident Agent
		Kenneth J. Uva
	FILED	Signature
	MAY 02 2011	
y	D.,	



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

